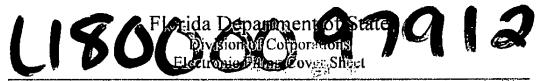
5/2/2018

Division of Corporations



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LLC REGISTERED AGE INFRASTRUCTURE UNDERWATER, LLC

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2 (a) 2121 Old Hickory Tree Rd.

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2121 Old Hickory Tree Rd.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Infrastructure Underwater, LLC

(-)	Principal office address of limited liability company: (Note: MUST RESTREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Cloud, FL 34772	St. Cloud, FL 34772	· · ·
	े १८५/2 0/2018	ि देति 18000097912	
3.	Date of filing/registration in Florida 4.		· · · ·
5,(a)	Reser, David		•
	Registered Agent and Registered Office shown on the records of the Pla 2121 Old Hickory Tree Rd.	Plorida Dept. of State:	
·	Registered Office Address MUST BE FLORIDA STREET ADDR		
	St. Cloud FL_347	772	
(b)	C T Corporation System	•	
(ii)	linter name of NEW Registered Agent and/or NEW Registered Offic	ce address	
	1200 South Pine Island Road		:
	NEW Registered Office Address:	andre de la composition della composition della	
evilencia i i i i i i i i i i i i i i i i i i	Plantation , FL, 333	<u>324 : </u>	
the cha agent was/w	will be identical. Or, in the case of a Florida limited liabilit ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	regist red office and the business office of the registered ity company, it is hereby confirmed that the change(s) at limited liability company or as otherwise provided in	aw.
Signa	dure of a member or authorized representative of a member	Printed or typed name of signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree to inns of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for ely reflect a change in the registered office address, I hereld in writing of this change.	a act in this capacity. I further agree to comply with the form: see of my duties, and I am familiar with and accept in Coupler 605, F.S. Or, If this document is being filed by confirm that the limited liability company has been	
Stenati	Division of Corporations P.O. Box 6	6327a Tullahasson, Ri. 32314	
INHS18 (2	FILING FEE:	\$25.00	
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