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	Account Number	:	FCA00000023
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FM 4: 03	LLC REGISTERED AGENT CHANGE DYKSTRA CONSTRUCTION, LLC				
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To:

## 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

I. No	ame of the limited liability company: Dykstra Construct	ion, LLC	
2. (a)	No change	(b) No	change
- (1)	Principal office address of fimited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	07/02/1999	L220	00041183
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BUSH ROSS REGISTERED AGENT SERVICES, LLC Registered Agent and Registered Office shown on the records of t 1801 N. HIGHLAND AVENUE		
	Registered Office Address (MUST BE FLORIDA STREET A		````````````````````````````````
	TAMPA, FL_	33602	· · /
(b)	C T Corporation System		- P (.
(0)	Enter name of NEW Registered Agent and/or NEW Registered G	Office address:	، ب
	1200 South Pine Island Road		دى .
	NEW Registered Office Address:		
	Plantation, FL_	33324	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered bility compa- f the limited	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
/s/ Di	arry Dykstra	Darry Dy	kstra, Manager
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System By: a to the back of the back o By: /s/ Michele Holden, Assi Sect Signature of Registered Agent

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: \$25.00