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Y SULKER FEB 1 6 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 468583 8368327

AUTHORIZATION :

COST LIMIT : \$\frac{1}{2}5.00

ORDER DATE: February 10, 2022

ORDER TIME : 2:13 PM

ORDER NO. : 468583-001

CUSTOMER NO: 8368327

•••----

CHANGE OF AGENT

NAME: GCS GRIFFIN CONSTRUCTION

SERVICES GROUP, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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.	Na	me of the limited liability company: GCS GRIFFIN	CONSTI	RL —	JCTION SERVICES GROUP, L.L.C.
2.	(a)		(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5306 CLINTON DRIVE			5306 CLINTON DRIVE
		HOUSTON, TX 77020			HOUSTON, TX 77020
		10/26/1999		L	_9900007057
3.		Date of filing/registration in Florida	4,	_	Document number
5.	(a)				
	` '	Registered Agent and Registered Office shown on the records of NRAI	the Ploric	ia l	Dept, of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD					
		PLANTATION FI	33324		 20
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				ress:	
		NEW Registered Office Address:			A 9 3: UF STAT
		1201 Hays Street			[FI]
		Tallahassee FI	32301		
cha age wa	inge ent w s/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lister authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co of the lin	e S red on nit	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	X_{k}	ie E CiOnie	Jill	Ci	ilmi, Authorized Person
5	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	visio obli nere	by accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I fin writing of this change.	nerform	1ar	uce of my duties, and I am familiar with and accept
<u> </u>	<u>ل</u>	Ince Cokubly		_	Grace E. Kirby, Asst Vice President
പാവുമ	แนนเนเ	re of Registered Agent			