DOCU 1. Entity Nam	MENT # MOOOO	0001048				ा । जनसङ्ख्या अस्तुरमान् देशसङ्ख्यामानु देशहे	* jbere			
INFRASTRUCTURE CONTRACTING, LLC						FILED				
Principal Place of Business Mailing Address						01 OCT -1 PI	H 12: 17	, .		
2570 SNOWBIRD HOLLOW ROAD FRANKLIN TN 37064		2570 SNOWBIRD HOLLOW ROAD FRANKLIN TN 37084				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI N	umber 2-1740520			Applied For Not Applicable]
Zip Country		Zip	Country		5. Certif	icate of Status Desired		\$5.00 Ad Fee Require		
	6. Name and Address of Currer	nt Registered Agent	ب د یوندیجه	Name	7Name	and Address of New R	legistered A	gent		1
NRAI SERVICES, INC. 526 E. PARK AVENUE				Street Add	ress (P.O. Box N	umber is Not Acceptable	e)			}
TALLAHASSEE FL 32301				City			FL	Zip Cod		-
8 The above	e named entity submits this statement	for the ournose of changing it	e rogieter	L <u> </u>	agistored agent	or both in the State of Ele		<u> </u>		1
o. The above	mariled entity submits this statement	tor the purpose of changing it	a register	ed office of re	gistered agent, i	or both, in the state of the	onda.			ŀ
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registere	d Agent signature	required when reinstation	ng)	DATE		·	ļ
	• • • • • • • • • • • • • • • • • • • •	Make Check P	ayable t		ent of State					
				mber 26, 20	001	1000				
9. TITLE	MANAGING MEMI	BERS/MANAGERS	10. TITL			ADDITIONS	CHANGES	☐ Change	☐ Addition	18
NAME	STEPHIN P. FORD		NAM	1						R2F083 (5/01
STREET ADDRESS CITY-ST-ZIP	25% THOWARD HOLLOW B			ET ADDRESS - ST-ZIP						ΔÜΉ.
TITLE	WAMORE	☐ Delete	TITL		·			☐ Change	Addition	8
NAME STREET ADDRESS	SHERRI L. FORD 25% SHOWAING HOLEN	Road	NAM	ET ADDRESS		600000	4623	rase		
CITY-ST-ZIP	Frential TW 3 TOG F			-ST-ZIP)3/0T ⊯50_00		004 k*50_00_	ļ
TIŢLE		Delete	TITL!	. *4]				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	TITL	,				Change	Addition	1
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS						-
CITY-ST-ZIP				-ST-ZIP						
TITLE NAME		☐ Delete	TITLI NAM	l l				☐ Change	☐ Addition	ļ
STREET ADDRESS			STRE	ET ADDRESS						1
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP					Addition	1
NAME		☐ Delete	NAM	I				□ cliange	ET VOOUDII	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						}
11. Thereby	certify that the information supplied wi	it this filing does not qualify for	or the exe	mption stated	in Section 119.0	7(3)(i), Florida Statutes.	I further cert	ify that the	information	1
indicated limited lia	on this report is the and accurate ar ibility company of the receiver or trust	ell empowelled to execute this	s report as	e regal effect as required by	as if måde under Chapter 608, Flo	oatn; that I am a manag rida Statutes.	ging membe	r or manag	er of the	
SIGNAT	URE: ASSISTANT SIGNATURE AND TYPED OR PRINTED NAME		ANAGER, OR	AUTHORIZED RE	PRESENTATIVE	9 Z 4 0 Date		So-61 aytime Phone #	,00	