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•	Division of Corporations	1
	Fax Number : (850)617-6383	
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	Account Name : CAPITOL CORPORATE SERVICES, INC.	
	Account Number: I20160000048	
	Phone : (800) 345-4647	
	Fax Number : (800)432-3622	
nton the empt)	address for this business entity to be used for fature.	د د ا
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FERNANDINA MARINE CONSTRUCTION MANAGEMENT LLC

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8/7/2017

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

submi	ont to the provisions of sections 605. Is the following statement in order	to change its reg	, riorida sidilli Istered office d	es, ine undersigned umited i or registered agent, or both	i, in the State of	
Florid	a. me of the Limited Liability Company:	CONSTRUCTION MAI	NAGEMENT			
2. (a)	1001 LOUISIANA STREET, S	SUITE 1000	(b) 100°	I LOUISIANA STREET	, SUITE 1000	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	HOUSTON, TX 77002		HOL	JSTON, TX 77002		
	3/6/2001		M0100	0001622		
3.	Date of filing/registration is	n Florida	4.	Document number		
5. (a)	CT CORPORATION SYSTE	:M				
(4)	Registered Agout and Registered Office sho		the Florida Dept. of	State:		
	1200 SOUTH PINE ISLAND	ROAD				
	Registered Office Address (MUST BE)		ADDRESS)			
	PLANTATION	, FL	33324			
ሙ	Capitol Corporate Services,	Inc.			S	
(-)	Enter name of NEW Registered Agent and		Office address:			
	_				25 T	
	515 East Park Avenue 2nd F	<u> </u>		·	The same	
	NEVY Registered Office Address:					
					G G	
	Tallahassee	, FL	32301		5	
the ch agent	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a sere authorized by an affirmative vote icles of organization or the operating	a street address of Florida limited list of the members of	the registered of ability company of the limited lis	office and the business office, it is hereby confirmed that bility company or as otherw	of the registered the change(s)	
See Forlarki			<u>Brian Rad</u>	ecki, Attorney-in-Fact Printed or typed name of sign	unas	
I here provis the obtomes notification	sture of a nember or authorized representative thy accept the appointment as registe tions of all statutes relative to the pro- tilgations of my position as registered refer reflect a charge in the registered at in writing of this change.	red agent and age per and complete l agent as provide l office address, I l	ree to act in this performance of a for in Chaptes hereby confirm			
لأ	Oclanic Case	Delani	e Case, Assi	stant Secretary on		
Signat	tre of Registered Agout	behalf	of Capitol Co	orporate Services, Inc.		
	Division of Core	oorationse P.O. ?	Box 6327 • Tall	ahassee, FL 32314		

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

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