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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE MCINNIS BUILDERS, LLC

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TO: Re:

Registration Section
Division of Corporations

SUBJECT: McInnis Builders, LLC

Name of Limited Liability Company

Dear Sir or Madam:

Zachary Vegie

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lacrial y 1 3als	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd, Suite 300	
Address	

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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Austin, TX 78744

888

705-7274

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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INHS18 (2/14)

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

] ; 	7320 PANAMA CITY BEACH PARKWAY SUI	ΓE 107	(b) 17320 PA	NAMA CITY BEACH PA	ARKWAY SUITE 10
 -	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) PANAMA CITY BEACH, FL 32			Mailing address of limited I (Note: MAY BE POST) MA CITY BEAC	OFFICE BOX)
7	7/5/2005		M050	00003708	
,	Date of filing/registration in Florida	4.		Document number	
_	CORPORATION SERVIC				
	egistered Agent and Registered Office shown on the record	Is of the Flo	rida Dept, of Stat	te:	
R	egistered Office Address	ET ADDRI	ESS)		
-	TALLAHASSEE	, _{FL} 323	301-2525	- 5	58.5 58.6 58.6
_	TALLAHASSEE Registered Agent Solution		·	5	
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F	Registered Agent Solution	is, Ind	D.		
F En	Registered Agent Solution neer name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered DT. EW Registered Office Address:	is, Ind	D.		20 A
F En	Registered Agent Solution nter name of NEW Registered Agent and/or NEW Regist 155 Office Plaza Dr.	is, Ind	D.	-	38 J

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/s/	.	PRO	U.		-/VII	$\cup H'$	VIVI3	

S. PROCTER MCINNIS

Member

Signature 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent