James To 16144554867 From To: Pade 2 of 3 2019-<u>19-</u>08 15 1<u>4-27</u> CST s HI De of S lorida baitmen ision of Corporations Electronic Filing Cover Sheet

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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.

2. (a)	ame of the limited liability company: Industrial Contra		
- (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	375 Northridge Rd., Suite 600	37	5 Northridge Rd., Suite 660
	Atlanta, GA 30350		lanta, GA 30350
	9/16/2005	N10	5000005142
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Corporation Service Company		
<i>c</i> , (<i>i</i>)	Registered Agent and Registered Office shown on the records	of the Florida Dep	ot, of State.
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1201 Hays Street	19 000	
	Tallahassee	*2301 FL	7
(b)	C T Corporation System	PH	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	9 PH 7: 2n	
	NEW Registered Office Address.	·	
	1200 South Pine Island Road		
	Plantation		
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member fields of organization or the operating agreement of the	laws of the Sta of the register liability comp s of the limited	ac of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
1.7.2	In the prochery		Pickens, Authorized Person
Sign	ature 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. James M. Halpin

By () an M Al	Assistant Secretary
Signature of Registered Agent	

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