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(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: November 6, 2013

Order#: 868320-003

Re: PRIDE CONSTRUCTION, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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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 608.416 or 608.508, 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. Name of the limited liability company: PRIDE CO	NSTRUCTION, LLC		
2. (a) Principal office address of limited liability com	pany: 315 Mann Drive		
(Note: MUST BE STREET ADDRESS)	Collierville, TN 38017		
		····	
(b) Mailing address of limited liability company:	315 Mann Drive		
(Note: MAY BE POST OFFICE BOX)	Collierville, TN 38017	7 s <b>23</b>	
	——————————————————————————————————————	<u> </u>	
11/28/2006	M06000006565	<u> </u>	
3. Date of filing/registration in Florida	4. Document number	35.55 3.25 8-7	10211
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	Dept. of State:	
Registered Agent:	C T Corporation System	토실 <del>ㅠ</del>	
Registered Agent.		Em G	
Registered Office Address:	1200 South Pine Island Ro	oad ***	
	Plantation	FL 33324	
NEW Registered Office Address:	1201 Hays Street	<del></del> ,	
(MUST BE FLORIDA STREET ADDRESS)			
	Tallahassee	,FL <u>32301</u>	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	he Florida street address of the dentical. Or, in the case of a F ge(s) was/were authorized by a erwise provided in the articles	registered offic lorida limited an affirmative vo	ote of
Dona Priebe, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I pereby confirm that the limited liability com	nd agree to act in this capacit e proper and complete perfori ly position as registered agent o merely reflect a change in th pany has been notified in writ	y. I further agre nance of my dut as provided for e registered offi ing of this chan	ee 10 ies, in ce ge.
By: Selvie Cheffet			
Signature of Redistered Agent Corporation Service Compar	ny Sylvia Queppet, Asst. Vi	ce President	

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