1100005161

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500306113265



7 2017

DEC





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date:12/6/2017	Account#. 12000000000	
Name KENDALL HOWELL		
Reference #: C020830	<u> </u>	
Entity Name: LTF CONSTRUCTIO	ON COMPANY, LLC	
Articles of Incorporation/Authorizat	ion to Transact Business	
Amendment		
✓ Change of Agent		
Reinstatement		
Conversion	ISSUES - CALL KEN @ 518-213-0738	
☐ Merger	3.0 2.15 0,700	
☐ Dissolution/Withdrawal		
Fictitous Name		
Other		
	ALLAH)	
	0: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Authorized Amount: \$25.00		
Authorized Amount: \$25.00 Signature:	 ORID:	





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088 12/6/2017 Date:__ Name: KENDALL HOWELL C020830 Reference #:____ Entity Name: LTF CONSTRUCTION COMPANY, LLC Articles of Incorporation/Authorization to Transact Business ☐ Amendment ✓ Change of Agent Reinstatement **ISSUES - CALL KEN @** Conversion 518-213-0738 Merger Fictitous Name Other _____ Authorized Amount: Signature:

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

Pursuant to the provisions of sections 605.0114, 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.

I. Name of the limited liability company: LTF CONST	RUCTION COMPANY,	LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	2902 CORPORATE PLACE	
(NOIS MICH DE GIRLES ADDICESS)	CHANHASSEN, MN 55317	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2902 CORPORATE PLACE	
(INGE. MAT BE LOST OFFICE BOX)	CHANHASSEN, MN 55317	
January 10, 2012	201202610274	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the	the records of the Florida De	ept. of State:
Registered Agent:	NRAI Services, Inc.	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, FL 33324	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office addre	<u>ess</u> :
NEW Registered Agent:	COGENCY GLOBAL INC.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	115 North Calhoun St., Suite 4	
(MODI BE I BOILD HOLLING)	Tallahassee	,FL 32301
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwishe operating agreement of the limited liability company.	lorida street address of the rical. Or, in the case of a Flowas/were authorized by an	egistered office orida limited affirmative vote of fiorganization or
/S/ James Spolar Signature of a member or authorized representative of a member	- - :	
James Spolar	r	
Printed or typed name of signee	-	문, 수 · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my pochapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. Der and complete performa sition as registered agent as rely reflect a change in the i y has been notified in writin	
Signature of Registered Agent Sean Honan, Assistant Secreta	гу	

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

INHS18 (12/13)