M07000001349

(Requestor's Name)						
(Address)						
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(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 743784 4331939						
AUTHORIZATION :						
COST LIMIT : \$(25.00						
ORDER DATE : April 2, 2021						
ORDER TIME : 11:26 AM						
ORDER NO. : 743784-020						
CUSTOMER NO: 4331939						
CHANGE OF AGENT						
NAME: GEOTECHNICAL AND MATERIALS ENGINEERS, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						
EXAMINER'S INITIALS:						

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.

1. N	ame of the limited liability company: GEOTECHNI	CAL AND	MATERIALS	S ENGINEERS, LLC	
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limite (Note: MAY BE POS	ed liability company:
	2561 Willow Point Way, Knoxville, TN 37931		2561 Will	ow Point Way, Knox	ville, TN 37931
	12/17/2007		M0700000	7349	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)					
(,	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of State	- €:	
	Capital Corporate Services, Inc.			· 20	20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	2
	515 East Park Avenue, 2nd FL				2021 APR
	Tallahassee,	32301		-	-5
	,	. L		•	F
(b)	Enter name of NEW Registered Agent and/or NEW Register	_			œ
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:		· 45
	Corporation Service Company				_
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee, I	L32301		_	
change agent w vas/we he artic	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the fill of the	te registere liability co of the lim c limited l	ed office and mpany, it is ited liability	I the business office hereby confirmed the company or as other	of the registered
Menuture of a member or authorized representative of a member				Printed or typed name of	-
l hereb provisio he obli o mere potified	y accept the appointment as registered agent and as of all statutes relative to the proper and complete gations of my position as registered agent as providity reflect a change in the registered office address. It is writing of this change.	gree to act e performa led for in (hereby co	in this capa ince of my d hapter 605, infirm that ti	city. I further agree luties, and I am Jami F.S. Or, if this doc he limited liability c	to comply with the liar with and accept ument is being filed ompany has been
Signatur	e of Registered Agent	~			