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(Req	uestor's Name)			
(Add	ress)	······································		
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EXAMINER



Corporate Filing Transmittal Form

To: Order #:	Secretary of State COA-SL111785	of FL	From: Jon	
Order#:	COA-SLIII/85		Date: Aug	just 1, 2011
Target Na				Dom Juris
			Sorenson Gross	MI
Construc	ction Services, L.	L.C.	<u> </u>	
Attached f	or filing, please fin	d the following	i	
		Change of Re	gistered Agent	
	urn the original evid	dence to the fol	lowing:	
Jon Miles NRAI Corp	orate Services, Inc.			
101 West \	/andalia Street, Suit lle, IL 62025	e 245		
				20 2
Special Ins	tructions/Notes:			LONE ON THE PROPERTY OF THE PR
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Please contact us at (866) 416-6274 with any questions, problems or delays. Thank you for your assistance!

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:SG	Construction Services.	L.L.C
d/b/a Sorresen Gross Const 2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	3407 Torrey Road Flint, MI 48507	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	3407 Torrey Road Flint, MI 48507	
7/14/2008	M080000033	308
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on		pt of State:
Registered Agent:	CT Corporation System	Sen E
Registered Office Address:	1200 South Pine Island F Plantation, FL 33324	30 5 T
		MO - MY
		FS
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office addres	<u>2007</u> ::
NEW Registered Agent:	NRAI Services, Inc.	<u> </u>
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Park Avenue	
(MUST BE PLUKIDA STREET ADDRESS)	Tallahassee	,FL <u>32301</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member.	orida street address of the re ical. Or, in the case of a Flor was/were authorized by an a wise provided in the articles	gistered office rida limited affirmative vote
Ghassan Saab, CEO and Manager Printed or typed name of signee	-	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post-chapter 608, F.S. Or of this document is being filed to me address, I hereby confirm that the limited liability company NRAI Services, Inc.	gree to act in this capacity. A per and complete performan sition as registered agent as rely reflect a change in the ri has been notified in writing	l further agree to ice of my duties, provided for in egistered office of this change.
Seen L. Emerick, Asst. Secy. Division of Corporations, P.O. Box 63:	27, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)

by: