)01788 (1/3) orida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000294667 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 : (850)878-5368 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE ã**C**CI ENERGY AND CONSTRUCTION SERVICES, LLC

Certificate of Status	0
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Corporate Filing Menu

Help



12/22/2014

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO: Registration Section Division of Corporations	•		
CCI ENERGY AND CONSTRUCT	ION SERVICES, LLC		
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	is matter to the following:		
Nathan Giffin			
Name of Person			
CT Corporation System			
Firm/Company			
1201 Peachtree Street #1240			
Address			
Atlanta GA 30361			
City/State and Zip Code			
tclemens@specproenv.com			
E-mail address: (to be used for future annu	nal report notification)		
For further information concerning this matter, p	please call:		
Nathan Giffin	404 965-3834 at ()		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	mount:		
S \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
NHS18 (2/14)			

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)	Principal office address of limited liability company:	(b)_	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/08/2011	 	1000001788
3.	Date of filing/registration in Florida	— _{4.} —	Document number
5. (a	CORPORATE CREATIONS NETWORK INC.		
, (n	Registered Agent and Registered Office shown on the records of	f the Florida De	pl. of State:
	•		T S
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	11380 PROSPERITY FARMS ROAD #221		
	E PALM BEACH GARDENS	L 33410	SSE
	C T Corporation System		LAHASSEL
(b)	Buter name of NEW Registered Agent and/or NEW Registere	d Office addres	z:
			•
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	L 33324	
e cha cent v as/we o arti	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members ples of organization or the operating agreement of the	f the registere iability compo of the limited	ed office and the business office of the registers any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	ure of a member or authorized representative of a member		Printed or typed name of signee
P	by accept the appointment as registered agent and ag	ree to act in t	his capacity. I further agree to comply with th of my duties, and I am familiar with and acce ter 605, F.S. Or, if this document is being file m that the limited liability company has been