#M11000002228

| (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: | | | | |
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Office Use Only



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SEGNETARY OF STATE
AND AHASSEF FLORIDA

K. SALY EXAMINER

OCT -2 2013



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: September 26, 2013

Order#: 822803-002

Re: BLUEWATER CIVIL DESIGN, 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: Evelyn Wright

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



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.

| ~ | • | | | |
|---|---|---|---|--|
| I. Nai | me of the limited liability company: BLUEWATER CI | VIL DESIGN, LLC | | |
| | Principal office address of limited liability company | 19 Washington Park | 至少 3 | |
| | (Note: MUST BE STREET ADDRESS) | Suite 100 | | |
| | | Greenville SC 29601 | ======================================= | |
| (b) | Mailing address of limited liability company: | 19 Washington Park | SSE TO | |
| | (Note: MAY BE POST OFFICE BOX) | Suite 100 | mg. 3 | |
| | | Greenville SC 29601 | · To u | |
| 05/02/ | 2011 | M11000002228 | 98 K | |
| 3. Da | te of filing/registration in Florida | 1. Document number | > | |
| 5. (a) | Registered Agent and Registered Office shown on t Registered Agent: | ne records of the Florida De NRAI Services, Inc. | pt. of State: | |
| | Desistant A Office Address | 1200 South Pine Island Road | 1 | |
| | Registered Office Address: | Plantation FL 33324 | <u>'</u> - | |
| | | | | |
| (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | Corporation Service Company | | |
| | NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1201 Hays Street | | |
| | (MODI BEI POLICE) | Tallahassee | ,FL 32301 | |
| confir and th liabili the mo the op | limited liability company is not organized under the lemed that after the change or changes are made, the Flee business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company. | orida street address of the re cal. Or, in the case of a Flo was/were authorized by an | gistered office rida limited affirmative vote of | |
| | Priebe, Authorized Person | - | | |
| | or typed name of signee | | | |
| I here compl and I Chapt addre | by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po er 608, F.S. Or, if this document is being filed to me ss, I hereby confirm that the limited liability company | gree to act in this capacity. Per and complete performa sition as registered agent as rely reflect a change in the r r has been notified in writing | I further agree to nce of my duties, provided for in egistered office g of this change. | |
| By: | Ope Hiden | | | |
| Signatu | re of Registered Agent Corporation Service Company | April Hudson, Asst VP | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00