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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To: From: Tiffany Brown tiffany.brown@cscglobal.com Date: December 10, 2020 Order#: 538634-007 Re: NATIONAL DESIGN BUILD SERVICES LLC Enclosed please find: Change of Registered Agent and Office. XX XX Check in the amount of \$25 . Please take the following action: File in your office on a routine basis. <u>XX _</u> Issue Proof of Filing. XX Please return evidence to the following: XX Attn: Tiffany Brown c/o Corporation Service Company 251 Little Falls Drive 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 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.

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| 2. (a |) | | (b) | | | |
|-------------------------|---|--|-------------------------------|---|---|--|
| () | Principal office address of limited liability company: | | (0) | | Mailing address of limited liability company: | |
| | (<u>Note: MUST BE STREET ADDRESS</u>) | | | 2740 0 10 | (<u>Note: MAY BE POST OFFICE BOX</u>) NER RD SW | |
| | 11840 BORMAN DR. | | | 27 16 GARI | NER RU SW | |
| | MARYLAND HEIGHTS, MO 63146 | | | | RQUE, NM 87105 | |
| | 03/22/2012 | | I | 12000001 | | |
| 3. | Date of filing/registration in Florida | 4. | - | C | Document number 👸 😪 | |
| 5. (a | INCORP SERVICES, INC. | | | | NO D | |
| J. (6 | Registered Agent and Registered Office shown on the records of the Florida Dept. of State | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | ADDR | ESS) | | | |
| | 17888 67TH COURT NORTH | | | | | |
| | LOXAHATCHEE, FL | 3347 | 0 | | | |
| (b |) | - | | <u> </u> | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office | add: | <u>ress</u> : | | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | | | | |
| | 1201 Hays Street | | | | | |
| | Tallahassee, FL | 3230 | 1 | | | |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the | ws of t regist ability of the | the S terec cor limi | l office and pany, it is ed liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| /s/ | Benjamin Vacca | E | Benj | amin Vacca | , Member | |
| Sig | nature of a member or authorized representative of a member | - | | | Printed or typed name of signee | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent Grace E. Kirby, Asst Vice Presidennt

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