M17000009330

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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03/24/15--01007--001 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ANO YEL

MÁR 2 5 2015 T. LEWIEUX



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: March 20, 2015

Order#: 540356-003

Re: AGILE CONSTRUCTION COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Grace Kirby 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 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.	Na	me of the limited liability con	pany: BRIDGELAN	D AGILE C	ONSTRUCTIO	N, LLC			
2. (a	ı)	4700 Homewood Court, Suite	- 300	(l	(b) 4700 Homewood Court, Suite 300				
2. (4)		Principal office address of li		(/		flimited liability company:		
		(Note: MUST BE ST	REET ADDRESS		<u>(1</u>	Note: MAY B.	E POST OFFICE BOX)		
		c/o Stephen R. Munier			c/o Stephen	R. Munier			
		Raleigh	NC 27609		Raleigh	NC	27609		
		04/26/2012			M42000002	20			
3.		04/26/2012 Date of filing/registra	ation in Florida	 4.	M120000023	ocument nui	mher		
٥.		Dute of ming registre	ation in Tiorida	•		cument na	moer		
5. (a)	C T Corporation System			— — —				
		Registered Agent and Registered Of	fice shown on the records	of the Florida	Dept. of State:				
		1200 South Pine Island Roa	nd						
		Registered Office Address (MUS	ST BE FLORIDA STREE	T ADDRESS	<u></u>				
		Plantation	, 1	FL 33324	ļ				
			,						
(t)	Corporation Service Compar	ny				FA 55 55		
`	, .	Enter name of NEW Registered Ag	ent and/or NEW Register	ed Office ad	dress:		——————————————————————————————————————		
							HA HA		
		1201 Hays Street					FILED MAR 24 PM PRETARY OF AHASSEE, F	3	
		NEW Registered Office Address:						Ć	
							70 3		
			· · · · · · · · · · · · · · · · · · ·		 		1 3: 12 F STATE FLORID		
							SIE 12		
		Tallahassee	,1	FL 32301			Þ		
the c agen was/	hai t w we	mited liability company is not nge or changes are made, the I vill be identical. Or, in the cas re authorized by an affirmativ cles of organization or the ope	Florida street address e of a Florida limited e vote of the member	of the regist liability co s of the lim	stered office ar ompany, it is he lited liability of	d the busin creby confir ompany or a	ess office of the registered med that the change(s)		
		0262		Don	ia Priebe, Auth				
Sig	nati	ure of a member or authorized repres	centative of a member		Pr	inted or typed	name of signee		
I her provi the o									
to me notif	isio bli ere	y accept the appointment as rons of all statutes relative to the gations of my position as regily reflect a change in the regil in writing of this change.	egistered agent and a he proper and comple stered agent as provi stered office address,	igree to act te perform ded for in (I hereby co	in this capacit ance of my dut Chapter 605, F onfirm that the	ty. I further ies, and I ar S. Or, if th limited liab	r agree to comply with the in familiar with and accept is document is being filed pility company has been		