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DATE: 6/10/14

NAME: AMERICAN COMMERCIAL CONSTRUCTION LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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. N	ame of the limited liability company: AMERICAN	COMMERCIAL CONST	RUCTION LLC	
2. (a	) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ry: 188 LONG ISLAND AVE		
	(Note: MOST BE STREET ADDRESS)	WYANDANCH, NY 11798		
(b	) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	188 LONG ISLAND AVE		
	(Note: MAT BE POST OFFICE BOX)	WYANDANCH, NY 11798		
Aug	ust 13, 2012	M12000004570		
3. Da	ate of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
Registered Agent: Registered Office Address:		INCORPORATING SERVICES, LTD.		
		1540 GLENWAY DRIVE		
		TALLAHASSEE, FL 32301		
NEW Registered Agent:		National Corporate Research, Ltd., Inc.		
	NEW Registered Agent:	National Corporate Research, Ltd., Inc.		
NEW Registered Office Address:		155 Office Plaza Drive		
	(MUST BE FLORIDA STREET ADDRESS)	Tallahassee	,FL_32301	
and the many	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be identity company, it is hereby confirmed that the change (numbers of the limited liability company or as otherwhere the company of the limited liability company.	Florida street address of the integral. Or, in the case of a Fl	registered office orida limited	
Signal	ere of a member of authorized representative of a member		室路 🕳	
1	Y	aging Member		
I her comp and I Chap addre	reby accept the appointment as registered agent and ly with the provisions of all statules relative to the p am familiar with and accept the obligations of my p ster 605, 5-5. Or, if this document is being filed to m ess, I hereby confirm that the limited liability compa	agree to act in this capacity. roper and complete perform osition as registered agent a verely reflect a change in the ny has been notified in writh	I further agree to ance of my duties, is provided for in registered office of this change.	
Signat	rate of Registered Agent Lucy Rose, Assistant Secretar	_	%. Q	
	Division of Corporations, P.O. Box 6	y 327, Tallahassee, FL 3231	4	
$\vee$	FILING FEE:	· · · · · · · · · · · · · · · · · · ·		

INHS18 (12/13)