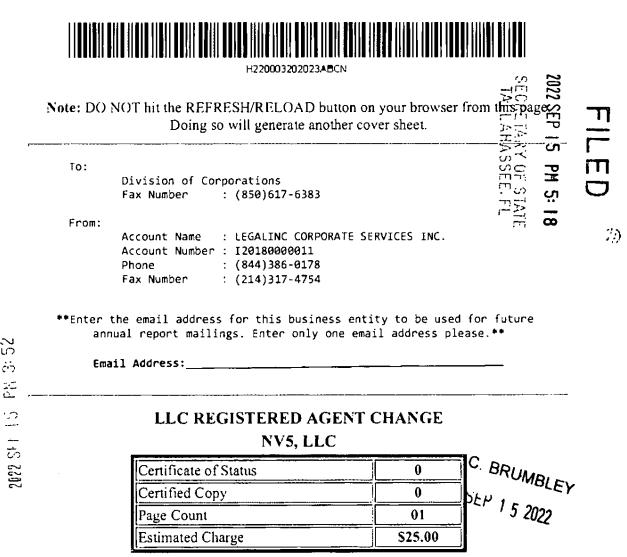
Division of Corporations

Florida Department of State Division of Comerations

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.

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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. N	lame of the limited liability company: NV5, LEC			
2. (a)		((b)	
<u> </u>	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	200 S Park Rd, Suite 350,		200 :	S Park Rd, Suite 350,
	Hollywood, FL, US, 33021	_	Holl	ywood, FL, US, 33021
	07/24/2013		M1300	00004656
3.	Date of filing/registration in Florida	— 4.		Document number
5. (a)			
). Ça	Registered Agent and Registered Office shown on the records of	of the Floric	Ja Dept o	of State
	CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1201 HAYS STREET			202 2
				138 - 1
	TALLAHASSEE . F	32301		FILE 2022 SEP 15 PM SEGIRC JARY OF S TALLAHAS SEE
				₩£ ™
(b)	Enter name of NEW Registered Agent and/or NEW Registered			— E. FL
	Enter name of NEW Registered Agent and/or NEW Registered Office address			ATE 2
	LEGALINC CORPORATE SERVICES INC.			9)
	NEW Registered Office Address			
	476 Riverside Ave			
	Jacksonville, F	TL		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ie register liability e of the lin e limited	red offic company mited li liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
Signature of a member of authorized representative of a member				Printed or typed name of signee
I here provis the old to me notific	eby accept the appointment as registered agent and agents of all statutes relative to the proper and complet bligations of my position as registered agent as providing reflect a change in the registered office address, is ed in writing of this change.	gree to ac e perforn led for in l hereby c	ct in thii nance o Chapte confirm	s capacity. I further agree to comply with the If my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
Signal	ture of Registered Agent			