M140000003865

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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16 SEP 19 PM 4: 19

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S Warren SEP 2 7 2016



September 20, 2016

C T CORPORATION SYSTEM CONNIE BRYAN

SUBJECT: OUTSIDE PLANT RELIANT ENGINEERING LLC

Ref. Number: M14000002865

We have received your document for OUTSIDE PLANT RELIANT ENGINEERING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 916A00020119

RECEIVED

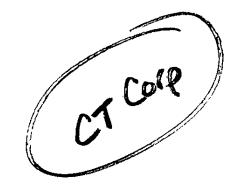
DEPARTMENT OF THE STREET

16 SEP 26 PM 3: 85

16 ACKNOWLUGE

SUFFICIENCY OF FILING

RE-SUBMIT
Please retain original filing date of submission 9/19



CT

September 19, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10161056 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

OutSide Plant Reliant Engineering LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	OUTSIDE PLANT RELIANT ENGINEERING LLC					
	Name of Corporation					
DOCI	M14000002865 MENT NUMBER:					
	closed Statement of Change of Registered Office/Agent and fee are submitted for filling.					
	return all correspondence concerning this matter to the following:					
ricase	return an correspondence concerning this matter to the following.					
	Name of Contact Person					
	·					
	Firm/Company					
	• •					
	Address					
	1.000					
	City/State and Zip Code					
	Chyrotate and 21p code					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
	at (
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclose	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

CR2E045 (03/12)

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.

. (a)	Principal office address of limited liability company:	(b)	
· ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4/22/2014	M140	000002865
	Date of filing/registration in Florida	4.	Document number
	CORPORATE CREATIONS NETWORK, INC.		
. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	11380 PROSPERITY FARMS ROAD #221E		
	PALM BEACH GARDENS	FL. 33410	
		· ~	
(b)	Enter name of NEW Registered Agent and/or NEW Registe		
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	1,000
	C T Corporation System		A B. A B.
	NEW Registered Office Address:		PATE PRIDE
	1200 South Pine Island Road	White the California and the Cal	
	Plantation	FL ³³³²⁴	, 1 ** *
ie cha gent v	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	of the registered I liability compan	l office and the business office of the regis
as/wo	erc authorized by an affirmative vote of the member cless of organization or the operating agreement of	rs of the limited li the limited liability	nability company or as otherwise provided ty company.
	physical member or authorized representative of a member		MARK D. AUSTIN
Signa		compa to got in the	is capacity. I jurifier usive to comply with
Signa here rovisi he obl	by accept the appointment as registered agent and cons of all statutes relative to the proper and complete to the proper and the properties are the properties and the properties and the properties are the properties	ete performance d ided for in Chapt . I hereby confirm	er 605, F.S. Or, if this document is being n that the limited liability company has be

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