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(Requestor's Name)				
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PICK-UP				
(Bı	usiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of Status			
Special Instructions to Filing Officer:				
	Office Use Only			

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: UCI Construction Services, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alta L. Schlemmer

Name of Person

UCI Construction Services, LLC

Firm/Company

7103 East 6th Avenue

Address

Tampa, FL 33619

City/State and Zip Code

AltaS@uci2.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alta Schlemmer

_______<u>at (</u>813___) <u>386-6202</u>

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

S30 Filing Fee & Certificate of Status

S55 Filing Fee & Certified Copy S60 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

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	, LLC		
Enter new principal office address, if applicable:	7103 East 6th Avenue		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	Tampa, FL 336	519	
Enter new mailing address, if applicable: (<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	7103 East 6th Tampa, FL 336	619	2011 JUN -8 PH H
2. The Florida document number of this limited l	liability company is: <u>M</u> 1	4000008885	
	e changes) UCI Construction ust contain "Limited Liab	bility Company, " "L.L.C	
(If name unavailable, enter alternate name adopte copy of the written consent of the managers or m must contain "Limited Liability Company," "L.L	nanaging members adopti		
6. If amending the registered agent and/or registered agent and/or the new registered office		ir records, <u>enter the nan</u>	e of the new
Name of New Registered Agent: Alta Schle	emmer		
New Registered Office Address: 7103 Eas	t 6th Avenue		
	Ente Tampa	er Florida Street Addres , Florida 3	
т		T71 1 1 1	

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.

If Changing Registered Agent, Signature of New Registered Agent

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
President	Alta L. Schlemmer	7103 East 6th Ave	nue 🔳 Add
		Tampa, FL 3361	9 Remove
e das Pranajastet	Todd W. Schlemmer	7103 East 6th Ave	nue _{IAdd}
		Tampa, FL 3361	9 Remove
CEO	Prestwood, Tom	16035 Table Mountain Park	wayAdd
		Golden, CO 8040	D3 Remove
CFO	Dyke, Pete	16035 Table Mountain Park	way
		Golden, CO 8040	D3 Remove
Manager	Keating, John	16035 Table Mountain Park	way Add
		Golden, CO 8040	D3 Remove
aforementio	under the law of which this entity is org	y the official having custody of records i anized. I the authorized representative	- 11 2010 JUN -
		inted name of signee	
	Filing	g Fee: \$25.00 4	