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Corporation Guarantee and Trust Company

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TELEPHONES: (800) 563-6131 • (215) 633-8144
FAX (215) 633-8160
E-MAIL: info@cgtco.com

April 6, 2017

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

RE: INTERLINK SUPPLY LLC

(CROSS REFERENCE NAME: BRIDGEWATER, LLC)

Dear Sir or Madam:

Enclosed is duplicate Change of Agent form of the above company for filing with your office. Also enclosed is our \$25.00 check to cover the filing fee.

Please send your usual acknowledgment and receipt to this office when the filing has been completed.

Cordially yours,

Joseph J. Collopy Vice-President

JJC/mag

Enclosures

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	Name of the limited liability company: Interlink Supply LLC (Cross Ref. Name: Bridgewater, LL					
2. (a)	4282 South 590 West	a	(b) 4282 South 590 West Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	Principal office address of limited liability company: (Note: MI/ST BE STREET ADDRESS)					
	Salt Lake City, UT 84123		Salt Lake City, UT 84123			
	Sail Lake City, UT 04123		San Lake City, O1 04123			
	12/22/2014		M1400000	09159		
3.	Date of filing/registration in Florida	4.		Document number	-	
5. (a)	Victoria Mariano					
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 203 Lenox Parkway, Pensacola, FL 32505-3345			:	7 APR 17 PM 3: 24	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				72	
	203 Lenox Parkway				بي	
	Pensacola	32505	32505-3345			
		ri				
(b)	Edwin F. Blanton					
	Enter name of NEW Registered Agent and/or NEW Register					
	610 Summerbrooke Drive, Tallahassee, F					
	NEW Registered Office Address:					
	610 Summerbrooke Drive					
	Tailahassee	_{FL} 32312				
	-	***************************************				
If the	limited liability company is not organized under the l lange or changes are made, the Florida street address	laws of the	State of Flo	rida, it is hereby confirm	ned that after	
agent	will be identical. Or, in the case of a Florida limited	liability c	ompany, it is	hereby confirmed that t	he change(s)	
was/w	vere authorized by an affirmative vote of the members ticks of organization or the operating agreement of the	s of the lir he limited	nited liability Iiability com	/ company or as otherwi	se provided in	
/ /	L C Mary		rtis Masse			
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee			
I here provis the ob to me notifie	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as provi- rely reflect a change in the registered office address, and in writing of this change.	igree to ac te perforn ded for in I hereby c	t in this cape sance of my o Chapter 605 confirm that i	acity. I further agree to luties, and I am familiar , F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed cany has been	
Girmot	ure of Registered and					