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To: **Division of Corporations** Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC REGISTERED AGENT CHANGE SACYR CONSTRUCTION USA LLC

| Certificate of Status | 0       |
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JUN 08 2020

Email Address:\_\_\_

## 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

| (a) 7901 4th St N STE 300   | ` ' '                           | (b) 7901 4th St N STE 300                   |             |
|---|---------------------------------|---|-------------|
| Principal office address of limited liab (Note: MUST BE STREET AL |                                 | Mailing address of limite (Note: MAY BE POS | •           |
|   | <del>_</del>                    |   |             |
| St. Petersburg FL 33702   |                                 | St. Petersburg FL 33702                     |             |
| 06/18/2015  | ١                               | M15000004810                                |             |
| . Date of filing/registration in                                  | Florida 4.                      | Document number                             |             |
| . (a) C T CORPORATION SYSTEM                                      |                                 |   |             |
| Registered Agent and Registered Office show                       | n on the records of the Florida | Dept. of State:                             |             |
| 1200 SOUTH PINE ISLAN   | ID ROAD                         |   |             |
| Registered Office Address (MUST BE FL                             | ORIDA STREET ADDRESS)           | ······                                      | 202         |
|   |                                 |   | 2020 JUN    |
| PLANTATION  | , FL 33324                      |   | l           |
| Northwest Desistans   |                                 |   | <b>У</b>    |
| (b) Northwest Registered  |                                 |   | AH S        |
| Enter name of NEW Registered Agent and/o                          | or NEW Registered Office add    | iress;                                      | . œ         |
| 7901 4th St N   |                                 |   | :: <b>o</b> |
| NEW Registered Office Address:                                    |                                 |   |             |
| STE 300   |                                 |   |             |
| St. Petersburg  | , FL 33702                      |   |             |
| St. Petersburg  | , FL                            |   |             |

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| to different of or Editization of the operating agreement as the |                                 |
|--|---------------------------------|
| Morgan Jobben  | Morgan Noble                    |
| Signature of a member or authorized representative of a member   | Printed or typed name of signee |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with 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.

Signature of Registered Agent