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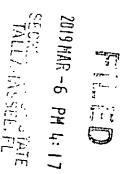
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u> </u>
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	atus
Special Instructions to Filing Officer:	

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R. WHITE MR. 15 203



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: March 4, 2019

Order#: 636840-011

Re: CONSTRUCTION LABOR CONTRACTORS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

2. (a)	9760 Shepard Road	(b)	9760 Shepard Road
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Macedonia, OH 44056		Macedonia, OH 44056
	08/13/2015		M15000006427
3.	Date of filing/registration in Florida	4.	Document number
5. (a	C T CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:
	1200 SOUTH PINE ISLAND ROAD		Dept. of State: 20 HAR THE
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- 第 <u>- 元</u>
			· · · · · · · · · · · · · · · · · · ·
	PLANTATION F	I. 33324	
(b)			<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addi	ren:
	1201 Hays Street		
	NEW Registered Office Address:		
		· 	
	Tallahassee	L 32301	
	•	·	
	limited liability company is not organized under the la ange or changes are made, the Florida street address of		
agent	will be identical. Or, in the case of a Florida limited l	liability con	npany, it is hereby confirmed that the change(s)
	vere authorized by an affirmative vote of the members		
tne ar	ticles of organication or the operating agreement of the		
Siam	ature of a member or authorized representative of a member	Jill Ci	ilmi, Authorized Person Printed or typed name of signee
_	()		., .
provis the ob to me	eby accept the appointment as registered agent and agions of all statutes relative to the proper and completed igations of my position as registered agent as provided in the registered agent as provided in the registered office address, it is writing of this change.	gree to act i e performat ed for in Cl I hereby cor	in this capacity. I further agree to comply with t nce of my duties, and I am familiar with and acc hapter 605, F.S. Or, if this document is being fil nfirm that the limited liability company has been
nonyn	a in stating of this change.		
	The Test Ni		