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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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05/18/16--01016--010 **25.00



MAY 19 2016 N. CAUSSEAUX



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

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To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-057

Re: IAP-CH2M SERVICES I, 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: Grace Kirby

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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

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.	Na	me of the limited liability company: IAP-CH2M SERV	VICES I	, LLC	
2.	(a)	7316 NORTH ATLANTIC AVENUE	_ (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)		
				7316 NO	RTH ATLANTIC AVENUE
		CAPE CANAVERAL, FL 32920	_	CAPE C	ANAVERAL, FL 32920
		11/09/2015		M150000	09000
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 of the	ne Florida	Dept. of Stat	- e:
		1200 SOUTH PINE ISLAND ROAD			
		Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	7	A 5
	٠		·		
		PLANTATION , FL_	33324	.	10 To 15
					SER PE IN
	(b)				استان کی استان
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>dress</u> :	3: 25 FILORID
		1201 Hour Street			DE
		1201 Hays Street NEW Registered Office Address:			-
	•				-
		Tallahassee, FL_	32301		_
the age	e cha ent v is/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regis bility co f the lim	stered offic ompany, it i iited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Xie & Coni	Jill (Cilmi, Autho	orized Person
I h pro the to	here ovisi e obl mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agree in a soft all statutes relative to the proper and complete in the proper and complete in the proper and complete in the registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address. I have a change in the registered of the proper address in the registered of the proper address.	ee to act perform I for in G ereby co	t in this cap ance of my Chapter 60: onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent Corporation Service Company	BY: G	race E. Ki	rby, Assistant Vice President