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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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SECRETARY OF STATE

HAN IZ 9 2013



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 16, 2016

Order#: 130666-059

Re: IAP-CH2M SERVICES II, 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	/ICES, II	, LLC	
2. (a) .	7315 NORTH ATLANTIC AVENUE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CAPE CANAVERAL, FL 32920	-	CAPE C	ANAVERAL, FL 32920
		11/09/2015		M150000	09006
3.		Date of filing/registration in Florida	4.		Document number
5. (a)	CT CORPORATION SYSTEM			
`		Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State	- 2:
		1200 SOUTH PINE ISLAND ROAD			_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-
					TAN 20
		PLANTATION ,FL_	33324		2016 NAY 18 P
(1	5)	Corporation Service Company			ASSE TO THE REPORT OF THE PERSON OF THE PERS
(.		Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	ress:	990
		1201 Hays Street			1: 2 LORIII
		NEW Registered Office Address:			Direct E
		Tallaharan			-
		Tallahassee, FL_	32301		
the cagen was/	haı t w we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited with the contraction of the limited with the limited with the contraction of the limited with	ne regist vility con the limit mited lia	ered office npany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Sig	nati	are of a member or authorized representative of a member			Printed or typed name of signee
prov the o to m notif	isic bli ere ìed	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change in the conference of Registered Agent Corporation Service Company	erformai for in Cl reby cor	nce of my d hapter 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been by, Assistant Vice President
					T7

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00