08. 8/7 Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)557-4397
Fax Number : (800)567-4398

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

Email Address: waydenham@greython.com

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(((H17000204048.3)))

COVER LETTER

TO: Registration Section

INBS18 (2/14)

Division of Corporations

GREYTHON CONSTRUCTION LLC Name of Limited Liability Company Doar Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: BILL SYDENHAM Name of Person GREYTHON CONSTRUCTION LLC Firm/Company 18 A STAFFORD STREET Address MYSTIC, CT 08355 City/State and Zip Code wsydenham@greython.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 800 URS Agents C/O Kanetha Bishop Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahasses, Florida 32301 Enclosed is a cheek for the following amount: ☐ \$55 Filing Fee & Cartified Copy ☑ \$25 Filing Fee

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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 1. Name of the limited liability company: GREYTHON CONSTRUCTION LLC Florida. (b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX (NOW MUST BE STREET ADDRESS) 81 A STAFFORD STREET MYSTIC, CT 08355 M16000003912 05/17/2017 Document number Date of filing/registration in Florida 3. 5. (a) Registered Agent and Registered Office shows on the records of the Florida Dapt. of State: CIT CORPORATION SYSTEM Registered Office Address MUST BE FLORIDA STREET ADDRESS 1200 SOUTH PINE ISLAND ROAD 33324 **PLANTATION (b)** Enter come of NEW Registered Agent sed/or NEW Registered Office address: URS AGENTS, LLC NEW Registered Office Address: 3468 LAKESHORE DRIVE FL 32312 TALLAHASSEE If the limited liability company is not organized under the laws of the State of Florids, it is hereby confirmed that after the change or changes are made, the Plorida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the criticies of organization or the operating agreement of the limited liability company.

Where the company of the operating agreement of the limited liability company. Printed or typed name of signor Signature of a member or sufficience representative of a member 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 occept the obligations of my position as registered agent as provided for in Chapter 615, F.S. Or, if this document is being filled to merely reflect a change in the registered office address, I kereby confirm that the limited liability company has been notified in writing of this change.

> Division of Corporations P.O. Box 6327 Tallahastee, FL 32314 FILING PEE: \$25.00

Kenetic Elimop, Appletent Secretary

INHS18 (2/14)

Signature of Registered Agent