## M16000003916

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K. SALY FEB 27 2017

## **COVER LETTER**

TO: Reg	istration Section ision of Corporations					
SUBJECT:	MTR INDUSTRIAL CONST	FRUCTORS, LL	.c			
SOBJECT.	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	ed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.			
Please retur	rn all correspondence concerning t	his matter to the fo	llowing:			
Austin B.	Calhoun					
•	Name of Person		-			
Jimerson	& Cobb, P.A.					
	Firm/Company		_			
One Inde	pendent Drive, Suite 1400		·			
	Address		_			
Jacksonv	ille, FL 32202					
	City/State and Zip Code		<u></u>			
acalhoun	@jimersoncobb.com					
E-mai	I address: (to be used for future an	nual report notific	ation)			
For further	information concerning this matte	r, please call:				
Austin Ca	alhoun	904	389-0050			
,	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle lahassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
<b>②</b> :	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy			
INHS18 (2/1	4)					

## 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.

. Na	me of the limited liability company: MTR INDUS	TRIAL C	ONSTRU	JCTORS, LLC	
. (a)	7956 Los Robles Court	(b	(b) 7956 Los Robles Court		
. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Jacksonville, FL 32256		Jacksor	nville, FL 32256	
	5/16/2016		M160000	003916	
	Date of filing/registration in Florida	4.		Document number	
i. (a)	Zimmerman, Brent T., Esq.				
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	ee:	
	One Independent Drive, Suite 1400			•	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	1	_	
	Jacksonville , FI	32202		2011 FEB 24 PH 2: 35 2011 FEB 24 PH 2: 35 TALLAHASSEE, FLORID	
(b)	Jimerson & Cobb, P.A.			FILED FEB 24 PH	
` `	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ade	lress:		
	One Independent Drive, Suite 1400			OF STA	
	NEW Registered Office Address:			RIDE	
	Jacksonville	32202		_	
	, F	Larra		<del>-</del>	
he cha agent v was/w	imited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registiability control of the limber the limber the limber the limited length in the length i	stered officempany, it inted liability contacts in the state of the st	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signs	dure of a member or authorized representative of a member	-		Printed or typed name of signee	
provis he ob to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act e perform led for in ( I hereby c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts. F.S. Or, if this document is being filed the limited liability company has been	
Signati	ure of Project Agent				

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