Florida Department of State **Division of Corporations**

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Division of Corporations

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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LLC REGISTERED AGENT CHANGE SNC-LAVALIN TRANSIT LLC

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Help

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

	me of the limited liability company:			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5000 Sawgrass Village Cir., Ste 5		455 Re	ne-Levesque Blvd. West, Ste 15
	Ponte Vedra Beach, FL 32082		Montre	al, Quebec, H2Z-1Z3 CA
	11/18/2016		M160000	009306
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of Stat	_ e:
	C T CORPORATION SYSTEM	T 40000		- 60
	Registered Office Address (MUST BE FLORIDA STREE 1200 SOUTH PINE ISLAND ROAD	I.AUUKES		18 FEC 1 M 8:55
	PLANTATION	33324	4	- SS
(b)				70,00
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Uffice a	ddress:	
	Corporate Creations Network Inc.			<i>ጎ'</i> _
	NEW Registered Office Address:			
	11380 Prosperity Farms Road #221E			-
	Palm Beach Gardens	FL_33410	0	_
the cha agent v	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of s of the li	gistered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	UL-	Ra	achel Kauf	fman, Attorney-in-Fact
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a lons of all statutes relative to the proper and comple igations of my position as registered agent as proviety reflect a change in the registered office address, if in writing of this change.	te perjori ded for in I hereby	nance of my Chapter 60, confirm that	duties, and I am Jamiliar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Agent	man, Spe	iciał Secretai	ry