Division of Corporations Electronic Filing Cover Sheet

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL

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

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

Email Address:

LLC REGISTERED AGENT CHANGE SNC-LAVALIN RAILROAD LLC

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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 Florida.

l. Na	me of the limited liability company: SNC-Lavalin	Railroa	ad LLC
2 (a)		(h	b)
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5000 Sawgrass Village Cir., Ste 5		455 Rene-Levesque Blvd. West, Ste 15
	Ponte Vedra Beach, FL 32082		Montreal, Quebec, H2Z-1Z3 CA
	11/18/2016		M16000009313
3.	Date of filing/registration in Florida	4.	Document number
F ()			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida	ia Dept. of State:
	C T CORPORATION SYSTEM		ddross:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<u>S1</u>
	1200 SOUTH PINE ISLAND ROAD		The second second
	PI ANTATION	33324	
	PLANTATION , FI	L	SEC 3
<i>(</i> L)			70 00
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ddress:
	Corporate Creations Network Inc.		
	NEW Registered Office Address:		
	11380 Prosperity Farms Road #221E		and an administrative desired and an administrative desired and an administrative desired and administrative desired administrati
	Palm Beach Gardens	33410)
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	iws of the of the regis iability co of the limited l	e State of Florida, it is hereby confirmed that after istered office and the business office of the registere company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Signa	hire of a member or authorized representative of a member		Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change. Rachel Kauffrer of Registered Agent	e perjorm ed for in (hereby co	ct in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been