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(Red	questor's Name)				
(Add	dress)				
Add	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
-					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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RIPILIT



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: November 20, 2019

Order#: 053667-009

Re: L.P.R. CONSTRUCTION CO. LLC

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

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.

(a)	1171 Des Moines Ave.	(b)			
(a)	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)	
	Loveland, CO 80537			2333	
	03/15/2017		117000002242		
3.	Date of filing/registration in Florida	4.	Document nu	ımber	
5. (a)	C T Corporation System				
, (α)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	1200 South Pine Island Road				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
				201	
				2019 NOV 2	
	Plantation	FL33324		. 9 .	
(b)	Corporation Service Company		<u></u>	ं च	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addres	<u>ss</u> :		
				ب ب - ب	
	1201 Hays Street			- F	
	NEW Registered Office Address:				
	Tallahassee, F	:L <u>32301</u>			
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the register liability comp s of the limited	red office and the busing pany, it is hereby conficted d liability company or	ness office of the registered irmed that the change(s)	
/s/	Jill Cilmi	Jill Ciln	ni, Authorized Person		
	sture of a member or authorized representative of a member		Printed or types	d name of signee	
provis: the obi to mer	by accept the appointment as registered agent and a jons of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, din writing of this change.	gree to act in ie performand ded for in Cha I hereby conf	this capacity. I furthe se of my duties, and I a spter 605, F.S. Or, if t irm that the limited lia	er agree to comply with the am familiar with and accep his document is being filed ability company has been	
(e M Lei				
Signatu	ire of Registered Agent Corporation Service Company	BY: Ami	M. Casper, Asst. Vi	ce President	

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