M17000004471

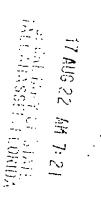
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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08/22/17--01024--004 **25.00





To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	BALLARD MARINE CONSTRUC	BALLARD MARINE CONSTRUCTION, LLC				
50202	Name of Limited Liability Company					
Dear Si	r oғ Madam:					
The enc	losed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please r	return all correspondence concerning the	nis matter to the following:				
BALLA	RD MARINE CONSTRUCTION, LLC					
	Name of Person					
Nationa	Service Information, Inc					
	Firm/Company					
145 Bak	er St					
	Address					
Marion,	Ohio 43302					
	City/State and Zip Code					
dbush@	itraylor.com					
E-	mail address: (to be used for future and	nual report notification)				
For furt	her information concerning this matter	, please call:				
Jill Prob	st	740 387-6806 at ()				
	Name of Person	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18	(2/14)					

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)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	 .	(Note: MAY BE POST OFFICE BOX)
	05/24/2017		M17000004471
	Date of filing/registration in Florida	 4	Document number
. (a)			
). (a)	Registered Agent and Registered Office shown on the records of	of the Florida I	Dept. of State:
	National Registered Agents, Inc		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET	18 TO 18	
	1200 South Pine Island Road		
	Plantation	33324	So in No.
	, r	L	
(b)			
•	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	7: 2 1088
	NRAI Services, Inc.		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation F	L 33324	
e cha: gent w as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the register lability come of the limiter limited lia	ered office and the business office of the registere npany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company.
Signati	ure of a member or authorized representative of a member	<u>M</u>	Michael T. Traylor, Manager Printed or typed name of signee
hereb ovisio e obli	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change	ree to act ir e performan ed for in Ch hereby con	

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

INHS18 (2/14)