Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Phone : (800)567-4398 Fax Number

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

Email Address: ksaklana@urscompllance.com

LLC REGISTERED AGENT CHANGE RETRO-TECH SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	RETRO-TECH SYSTEMS, L	LC	
		e of Limited Liab	ility Company
Dear 9	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to the fol	lowing:
DAV	ID PIERCE		
	Name of Person		
RET	RO-TECH SYSTEMS, LLC		
	Firm/Company		
853	EASTPORT CENTRE DR		
	Address		
VAL	PARAISO, IN 46383		
	City/State and Zip Code		
	dana@urscompliance.com		
	E-mail address: (to be used for future ann	ual report notifica	tion)
For fu	orther information concerning this matter,	please call:	
URS	Agents c/o Kanetha Bishop	800 _ at (567-4397
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section		LING ADDRESS: stration Section
	Division of Corporations	Divis	ion of Corporations
	Clifton Building		Box 6327 hassee, Florida 32314
	2661 Executive Center Circle Tallahassee, Florida 32301	1 8118	185566, Florida 32314
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	\$55	Filing Fee & Certified Copy

Signature of Registered Agent

(((H21000077216 3)))

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) _	ne of the limited liability company: RETRO-TEC		
() -		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	853 EASTPORT CENTRE DR	8	53 EASTPORT CENTRE DR
	VALPARAISO, IN 46383		ALPARAISO, IN 46383
	06/28/2017	M1	7000005515
•	Date of filing/registration in Florida	- 4. —	Document number
(a)	į		
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:
	CORPORATION SERVICE COMPANY		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE PI	L 32301	
	, FI	L	
(h)			· ·,
(b) .	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>s:</u>
	URS AGENTS, LLC		
	NEW Registered Office Address:		
	3458 LAKESHORE DRIVE		
			·
	TALLAHASSEE, FI	L_32312	