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.

(((H210001810883)))



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 : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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

## LLC REGISTERED AGENT CHANGE EXPRESS REMEDIATION & RECONSTRUCTION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

16144554862

## \* 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 Statues, 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.

I. No	nme of the limited liability company: Express Remedia	tion & Reconstruction	LLC	
2. (a)				
(,	Principal office address of limited liability company:  ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	2490 Industrial Row Drive	2490 Industrial Row Drive Troy, MI 48084		
	Troy, Ml 48084			
	10/11/2017	M17000008	709	
3.	Date of filing/registration in Florida	4.	Document numbers &	
5. (a)			2021 MAY -	
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Stat	TAN TO	
	Incorp Services, Inc.		***** <b>(7</b>	
	Registered Office Address (MUST BE FLORIDA STREET)			
	17888 67th Court N, Loxahatchee, FL 33470		PH 4:	
(b)	, FL	,	:- <u></u>	
	C. T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		•	
	NEW Registered Office Address:	<u> </u>	-	
	1200 South Pine Island Road		_	
	Plantation FL	33324		
the cha agent was/w	limited liability company is not organized under the landing or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State of Flance of the registered office ability company, it is of the limited liability corrections to the limited liability corrections.	orida, it is hereby confirmed that after e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signe	IXIL iture of a member or authorized representative of a member	Tracy Kellne	Printed or typed name of signee	
I here provis the ob to mer	thy accept the appointment as registered agent and ag ions of all stanties relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this cap performance of my ed for in Chapter 60 hereby confirm that	* -	
	enny Mitimes			
Signati	ire of Registered Agent Sherry McGinnes, Assistant So	ecretary		