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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 456952 8360133

AUTHORIZATION :

COST LIMIT : \$-25.00 1/20 2/

ORDER DATE: February 3, 2022

ORDER TIME : 9:51 AM

ORDER NO. : 456952-282

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: CCI FACILITY CONTRACTORS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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.

1.	Name of the limited liability company: CCI FACILITY	CONTRAC	TORS, LLC
2. (2	111 W 16th Avenue Suite 201	(b)	
2 . (-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Anchorage, AK 99501		
	12/12/2017	М	17000010522
3.	Date of filing/registration in Florida	4.	Document number
5. (C T Corporation System		
J. (Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	Plantation, F	L_33324	SECR
(t	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	ed Office addr	SSE A C
	NEW Registered Office Address:		STAI
	1201 Hays Street		—————————————————————————————————————
	Tallahassee, F	L_32301	
chan agen was/	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the St ie registered liability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	Jill Cilmi		mi, Authorized Person
	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, led the writing of this change.	gree to act in e performanc ed for in Cha hereby conf	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
			Service Company per, Asst. Vice President