M1800005606

(Requestor's Name)				
(Address)				
(Address)				
(0	Dity/State/Zip/Phone #)			
PICK-UP	MAIL MAIL			
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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2022 FEB 11 AM 8: 2022 FEB 11 AMII: 5

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 456952 8360133
AUTHORIZATION : Comment of the state of the
COST LIMIT : \$ 25.00
ORDER DATE : February 3, 2022
ORDER TIME : 9:48 AM
ORDER NO. : 456952-208
CUSTOMER NO: 8360133
<u>CHANGE OF AGENT</u>
NAME: BRISTOL SITE CONTRACTORS, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XXPLAIN 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.

I. Na	me of the limited liability company: BRISTOL SITE C	ONTR	ACTORS,	LLC
2. (a)	111 W. 16th Avenue, Suite 201	(b)	
s. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	-/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Anchorage, AK 99501	_		
	06/12/2018		M1800000	05606
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	C T Corporation System			
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of Sta	ete:
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>(S)</u>	-
				202:
	Plantation	33324	•	2022 FEB
	Plantation , FL_		•	
(L)				*****
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ldress:	-
	Corporation Service Company			<u>_</u>
	NEW Registered Office Address:			
	1201 Hays Street			<u> </u>
	Tallahassee , FL	32301		_
hange gent w vas/we he artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the liab	egister oility co the lin mited	ed office ar ompany, it i nited liabilit liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.
	l Cilmi	JIII	Climi, Auto	norized Person Printed or typed name of signee
l hereb rovision he obli o mere rotified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided ply reflect a change in the registered office address, I he in writing of this change. Cor	porati	on Service	_