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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE SOUTHEAST ENGINEERS, LLC

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HITHEMIEUX FEB 28 2022

From: Lexus Wingo

To: +18506176383

STATEMENT OF CHANGE OF REGISTERED OFFICÈ OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

2022-02-25 09:36:17 CST

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.

l. Na	nme of the limited liability company: SOUTHEAST EX	NGINEER	S, LLC	
2. (a)	4880 Bluebonnet Blvd, Suite A	(b	4880 Bh	Bluebonnet Blvd, Suite A
L. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Baton Rouge, LA 70809		Baton Re	Rouge, LA 70809
	10/04/2018		м1800000	009077
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEE, ROBERT			
). (ii)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	State:
	289 BLUE LAKE RD			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	
	SANTA ROSA BEACH , FL	32459		
(b)	C T Corporation System	-		
	Enter name of NEW Registered Agent and/or NEW Registered	Officead	dress:	—
	place that con the property and the property of the property o	· · · · · · · · · · · · · · · · · · ·	erriz.	25
				· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			<u>一</u>
	1200 South Pine Island Road			
	Plantation	33324		,
	, FL			
he cha igent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lierc authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability confithe limited	stered offi impany, it iited liabil liability co	ffice and the business office of the registe it is hereby confirmed that the change(s) pility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the obt to mer notifie 3y:	by accept the appointment as registered agent and agions of all statutes 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 in the registered office address, I c T Corporation System	ed for in the hereby co	t in this co ance of m Chapter 6 Onfirm tha Assistant Sec	my duties, and I am Jamiliar with and acc 603, F.S. Or, if this document is being fil hat the limited liability company has been