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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LICENSE EXAM SERVICES
Account Number : I20120000042
Phone : (941)706-2336
Fax Number : (866)473-0571

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

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TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT CHANGE

NORTH AMERICAN CONSTRUCTION ENTERPRISES LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH AMERICAN CONSTRUCTION ENTERPRISES LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL BEAUGRAND
Name of Person

NORTH AMERICAN CONSTRUCTION ENTERPRISES LLC
Firm/Company

22920 INDUSTRIAL DRIVE EAST
Address

ST. CLAIR SHORES, MI 48080
City/State and Zip Code

mbeaugrand@nace-intl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBIN O'CONNOR at (941) 685-0955
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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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: NORTH AMERICAN CONSTRUCTION ENTERPRISES LLC

2. (a) 22920 INDUSTRIAL DRIVE EAST
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

ST. CLAIR SHORES, MI 48080

(b) 22920 INDUSTRIAL DRIVE EAST
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

ST. CLAIR SHORES, MI 48080

3. 10/22/2019
Date of filing/registration in Florida

4. M19000010169
Document number

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2020 MAR 23 AM 11:28

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1201 HAYS STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32301

(b) LICENSE EXAM SERVICES, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4713 WEBBER ST
NEW Registered Office Address:

SARASOTA, FL 34232

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MICHAEL BEAUGRAND
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robert M. O'Connor
Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

(NHS18 (2/14)