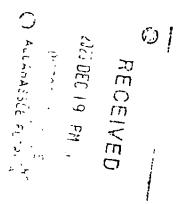
M22000013S18

| (| Requestor's Name) |
|---------------------------|-------------------------|
| (. | Address) |
| (. | Address) |
| (1 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (| Business Entity Name) |
| (1 | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to F | Filing Officer: |
| | |
| | |
| | |
| | |

Office Use Only



800419943538



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|---|--|--|--|--|--|
| REFERENCE : 185920 8357474 | | | | | |
| AUTHORIZATION: (Sauce) Allerson | | | | | |
| COST LIMIT : \$ 25.00 | | | | | |
| ORDER DATE : December 11, 2023 | | | | | |
| ORDER TIME : 1:33 PM | | | | | |
| ORDER NO. : 185920-084 | | | | | |
| CUSTOMER NO: 8357474 | | | | | |
| CHANGE OF AGENT | | | | | |
| CHANGE OF AGENT | | | | | |
| NAME: SPARTAN CONSTRUCTION MANAGEMENT, LLC | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson | | | | | |
| 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. Na | nme of the limited liability company: SPARTAN CO | NSTRUC | TION MANA | GEMENT, LLC | |
|-----------------------------|--|--|--|---|--|
| 2. (a) | 17301 W COLFAX AVE STE 115 | (t | (b) 17301 W COLFAX AVE STE 115 | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | 3 | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) | |
| | GOLDEN, CO 80401 | | GOLDEN | , CO 80401 | |
| | 08/30/2022 | | M2200001 | 3578 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | Registered Agent and Registered Office shown on the records of PARACORP INCORPORATED | | | : | |
| | Registered Office Address (MUST BE FLORIDA STREET) 155 OFFICE PLAZA DR 1 FL | "ADDRESS | 7 | | |
| | TALLAHASSEE | L_32301 | | - | |
| | Corporation Service Company NEW Registered Office Address: | | | | |
| | 1201 Hays Street | | - | | |
| | Tallahassee, F | L_32301 | | | |
| change igent w was/we | imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e registere iability co of the lim | d office and mpany, it is ited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| пе агц | | 130 / | 2:1: A. AL- | rized Person | |
| | /s/ Jill Cilmi | JIII (| Cilmi, Author | | |
| Signat | /s/ Jill Cilmi ure of a member or authorized representative of a member by accept the appointment as registered agent and ag | | | Printed or typed name of signee | |