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(Re	questor's Name)	•			
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K.SALY EXAMINER APR - 5 March 29, 2016

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Duncan & Thompson Construction Services, L.L.C.

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$ 25.00 to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Aimee Vasquez

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

anne Vorsey

Austin, TX 78744

COVER LETTER

TO: **Registration Section** Division of Corporations DUNCAN & THOMPSON CONSTRUCTION SERVICES, L.L.C. 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: Aimee Vasquez Name of Person Registered Agent Solutions, Inc. Firm/Company 1701 Directors Blvd., Suite 300 Address Austin, TX 78744 City/State and Zip Code orders@rasi.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Aimee Vasquez 705-7274 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations* Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	ame of the limited liability company:	DUNCAN & TI	HOMPSON	CONSTRUCTION SER	RVICES, L.L.C.	
2. (a)	520 MINERAL TRACE, SUITE	D	(b) 520 MINERAL TRACE, SUITE D			
- . (u)	Principal office address of limited lin		~ (0)	Mailing address of limited li (Note: MAY BE POST O	ability company:	
	BIRMINGHAM, AL 35244		BIRN	MINGHAM, AL 35244	<u> </u>	
	07/17/1998		M980	00000779	y.	
3.	Date of filing/registration in	Florida	4.	Document number	3:371.203	
5. (a)	CT CORPORATION SYSTEM	1			•	
J. (4)	Registered Agent and Registered Office show		e Florida Dept. of	State:	१५ - अपूर्व) १५ - १ ५८ - ५	
	Registered Office Address (MUST BE F	LORIDA STREET AL	DDRESS)			
				- 	201	
	PLANTATION	, FL	33324		2016 APR	
(b)	Registered Agent Solutions, In	ıc.				
	Enter name of NEW Registered Agent and/	or NEW Registered C	Office address:	<u>,</u> '',	3 3 6	
	155 Office Plaza Dr.				3: 27	
	NEW Registered Office Address:				22.4	
:	Suite A					
	Tallahassee	FI S	32301		· 90.	
	· · · · · · · · · · · · · · · · · · ·	, 1 L			Section 2	
the chagent was/w	limited liability company is not organiange or changes are made, the Forida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organical or the operating	street address of t Florida limited lial of the members of	he registered o pility company the limited lia imited liability	office and the business office, it is hereby confirmed that bility company or as otherw	e of the registered	
Signa	ature of member or hyphorized representative	of a member		Printed or typed name of s	ignee	
io mer	of accept the appointment as register ions of all statutes relative to the proligations of my position as registered ely reflect a change in the registered d in writing of this change.	red agent and agre per and complete agent as provided office address, I h	e to act in this performance of for in Chapter preby confirm t	capacity. I further agree t my duties, and I am famili 605, F.S. Or, if this docu that the limited liability cor	o comply with the ar with and accep nent is being filed npany has been	
Va.	elyn lift.	Jaclyn Wright, As	st. Secretary		e same and the same	
Signati	ire of Registered Agent				17.1 74.	