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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

**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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REGISTERED AGENT CHANGE BULLDOG UNDERGROUND CONSTRUCTION INC

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*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, ion organized under the laws of the or registered agent, or both, in the	State of Florida
1. The name of	the corporation: BULLDOG U	NDERGROUND CONSTRUCT	TION INC
2. The principal	office address; 155 OFFICE PI	LAZA DRIVE, 1ST FLR	
TALLAHAS	SEE, FL 32301		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 12/16/20	Document number:	P15000100489
	d street address of the current rentment of State; (If resigned, ent	gistered agent and registered office er resigned)	on file with the
	PARACORP INCORPOR	ATED	
	155 OFFICE PLAZA DRI	VE. 1ST FLR	
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	I street address of the new regis	tered agent (if changed) and /or regi	stered office
	Registered Agents I	nc.	JAN
	3030 N. Rocky Point D	Dr. STE 150A	co
	P.	O. Box. NOT acceptable) D
	Tampa FL 33607		
The street address changed will	ess of its registered office and t be identical.	he street address of the business of	·
Such change wa authorized by th	as authorized by resolution duly be board, or the corporation has L. L.	y adopted by its board of directors of been notified in writing of the cha	or by an officer so inge.
Vicențe Me	pur lan 6, 20110 re of an officer of director	VINCENTE MEJIA, F	
I herehy accept I further agree i performance of agent. Or, if th	the appointment as registered to comply with the provisions a my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capa of all statutes relative to the proper with and accept the obligation of my ly to reflect a change in the registe motified in writing of this change.	city and complete position as registered
But	•	12/20/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
T;	ped or Printed Name	INC PEE, \$15.00 + + +	
	" " - PIL	JNG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314