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OCT 17 2012

T. ROBERTS





CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 378254

AUTHORIZATION ...

COST LIMIT

ORDER DATE: October 11, 2012

ORDER TIME : 11:42 AM

ORDER NO. : 378254-012

CUSTOMER NO: 4709861

CHANGE OF AGENT

NAME: MASSMAN CONSTRUCTION CO.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Missouri r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: MASSMAN CONSTRUCTION CO
2. The principal 8901 State	office address:e Line Road, Suite 240, Kansas City, MO 64114
•	ddress (if different):
4. Date of incorp	poration/qualification: 10/08/1954 Document number: 810031
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	NRAI Services, Inc.
	NRAI Services, Inc. 515 E. Park Avenue
	Kansas City, MO 64114
6. The name and (if changed):	Kansas City, MO 64114 street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable Tallahassee, FL 32301
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Signatur	e of an opice or director S.T. Soon Vice President
I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. n Service Company
By: Sign	lature of Registered Agent Date
If signing on bel	
Sylvia Quepp	et, Asst. V.P.
Ту	ped or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *