August 19, 1999

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90002967309--3 -08/23/33--01145--005 *****35.00 *****35.00

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: A & S BUILDING SYSTEMS, L.P.

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 2144 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Duanie Lundgien

Delanie Lundgren

enclosures

B91-11

P.O. Box 1831 Austin, Texas 78767 (800) 345-4647

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the pro	visions of sections 620.105	and 620.1051, Florida Stat	utes, the undersigned limi	ited
A Company of the Comp	zed under the laws of the sta		, submits	
		istered office or registered a		
Florida.	5 5		-gond, or oom, in the state	OL
•				
. A & S RI III DII	NG SYSTEMS, L.P.			
1. Tree o Boilean		he limited partnership		· · -
0 1/7/07				5 5
2. 1/7/97 Date of filing	registration in Florida	B97000000011	Document number assigne	л
-	-	eard agent and affi	Document number assigne	u
4. The Bame and 2	ddress of the present regist	ered agent and office:		
_C	T Corporation System			تناه
12	200 South Pine Island Rd., Plan	ntation, Fl 33324	·	
		14 JJJ27		
5 The name and s	treet address of the magazin	or registered agent and offic		਼ ਜ਼
acceptable)	reet address of the successi	of registered agent and offic	ce: (P.O. Box not	23
	NRAI Services, Inc.		الم <u>نارة</u> دريا	至四
	526 East Park Avenue			3 →
	Tallahassee, FL 32301			3
Such change was at	ithorized by the general par	tners		, ··
NCI OPERATING CO	RP., General Partner	cricis.		
By: Ryn	fullow	August (A	, 1999	
Robert I Med	ture of General Partner	Date		
Having been named	as registered agent and to	accept service of process f tificate, I hereby accept the	or the above stated limite	d
agent and agree to	act in this capacity. I furth	ifficate, I hereby accept the her agree to comply with th ce of my duties, and I am fa	appointment as registere e provisions of all statute	d es
obligation of my po	r ana complete performant sition as registered agent.	ce of my duties, and I am fa	miliar with and accept th	e
^	•			
Marie Lu	ndozen asst.	1ec. 8-19-	99	
Regist	ered Agent signature	Date		

Filing Fee: \$35.00