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Division of Corporations

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Account Name : CORPORATION SERVICE COMPANY

Account Number : 12000000195 Phone : (850)521-1000 : (850)558-1515 Fax Number

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REGISTERED AGENT CHANGE THE KIMBRELL COMPANY, INC.

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

statement of ch	ange is submitted for a corporation organ	12, 007.1308, or 017.1308, Florida Statutes, this sized under the laws of the State of South Carolina ered agent, or both, in the State of Florida.	
	f the corporation: THE KIMBRELL CO		
2. The principa	al office address: 1300 Indian Wells Con	art, Murrells Inlet, SC 29576	
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification; 08/09/2006	Document number: F06000005238	
	nd street address of the current registered a artment of State:	gent and registered office on file with the	
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324		٠,
6. The name ar (if changed)	nd street address of the new registered ager : Corporation Service Company	nt (if changed) and /or registered office	STATE OF THE STATE
	1201 Hays Street		1945 1945
	(P.O. Box. NOT acceptable)	77
	Tallahassee, FL 32301		强型
The street add as changed wi	ress of its registered office and the street	address of the business office of its registered agent	, =3.55
Such change vanthorized by	was authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so office of the change.	
tsl.	men Word	Blanca Lozada, Attorney in Fact	
I hereby accept further agree of my duties, a document is be corporation he	eture of an office of direction of the appointment as registered agent and to comply with the provisions of all statund I am familiar with and accept the object of change in the as been notified in writing of this change.	(Printed or typed tame and title) and agree to act in this capacity, butes relative to the proper and complete performance ligation of my position as registered agent. Or, if the ne registered office address, I hereby confirm that the t.	ce is e
By: Sorporal	tion Service Company	September 20, 2010	
	Signature of Registered Agent)	(Deto)	
If signing on l	ehalf of an entity:		
Grace E. Kir	by, Assistant VP		
	(Typed or Printed Name)		
	* * * FILING FI	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)