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T	o	:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-1000 Phone Fax Number : (850)558-1515

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## REGISTERED AGENT CHANGE GALLANT CONSTRUCTION COMPANY, INC.

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

statement of cha	inge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Hinois ered agent, or both, in the State of Florida.	· · · · · · · · · · · · · · · · · · ·
1. The name of t	the corporation: GALLANT CON	STRUCTION COMPANY, INC.	
2. The principal 345 Mem	office address: orial Drive, Crystal Lake, IL	50114	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/05/2008	Document number: F08000000995	
	I street address of the current registered a timent of State:	gent and registered office on file with the	
	C T Corporation System		
	1200 South Pine Island Road		も
	Plantation, FL 33324		ち連取り
6. The name and (if changed):	l street address of the new registered age	nt (if changed) and /or registered office	<u></u>
•	Corporation Service Company	7	1,
•	1201 Hays Street		
	(P.O. Box NOT acceptable		
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered age	ent,
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer so officed in writing of the change.	
Blan	ire of an officer or director)	Blanca Lozada, Attorney in Fact	
I hereby accept I further agree t of my duties, an document is beil corporation has		(Finned or typel name and tide)  Id agree to act in this capacity, utes relative to the proper and complete performa igation of my position as registered agent. Or, if e registered office address, I hereby confirm that .	ince this the
By: S	rann	March 17, 2010	
(Sig	mature of Registered Agent)	(Date)	_
If signing on be	half of an entity:		
	opet, Asst. VP		
(T	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, Tallahasseb, FL 32314
CR2E045 (8/05)