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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : I2000000195 : (850)521-1000 Phone

: (850)558-1575 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | | | | | |
|-------|----------|--|--|--|--|--|--|
| | | | | | | | |

REGISTERED AGENT CHANGE RESIDENTIAL CONSTRUCTION SPECIALITIES, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, statement of change is submitted for a corporation organizin order to change its registered office or register. | ed under the laws of the State of $\operatorname{\underline{Get}}$ | orgia | | |
|--|---|--------------------------------|--|--|
| 1. The name of the corporation: RESIDENTIAL CO | INSTRUCTION SPECIALIT | TIES, INC. | | |
| 2. The principal office address:8585 Duke Blvd., Mason, OH 45040 | | · | | |
| 3. The mailing address (if different): | | | | |
| 4. Date of incorporation/qualification: 03/01/1996 | Document number: F9600000 | 01066 | | |
| 5. The name and street address of the current registered age Florida Department of State: | ent and registered office on file with the | e | | |
| C T Corporation System | | | | |
| 1200 South Pine Island Road | | 200 SE | | |
| Plantation, FL 33324 | | 1909 DEC SECRE TA | | |
| 6. The name and street address of the new registered agent (if changed): | 10 | | | |
| Corporation Service Company | | AM IO: 4 DF STATE FLORIE | | |
| 1201 Hays Street (P.O. Box NOT acceptable) | IO: 4.1 ORIDA | | | |
| (P.O. Box NOT acceptable) | ₽ | | | |
| Tallahassee, FL 32301 | | | | |
| The street address of its registered office and the street a as changed will be identical. | ddress of the business office of its re- | gistered agent, | | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by an offi ified in writing of the change. | icer so | | |
| Manuel of an other of director) | Maureen Cullen, Attorney in Fact | | | |
| I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblig document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company | l agree to act in this capacity, tes relative to the proper and comple gation of my position as registered ag registered office address, I hereby co | | | |
| By: Management Agent) | 12/08/2009 (Date) | | | |
| If signing on behalf of an entity: | | | | |
| Elizabeth A. Dawson, Asst. Vice President (Typed or Printed Name) | | | | |
| * * * FILING FE | E: \$35.00 * * * | • | | |