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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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CORPORATION(S) NAM	Œ		
Baker Drywall Co., Inc.			
() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (x) Change of RA () UCC	
() Certified Copy	() Photocopies	() CUS	
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	
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Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.			
1a. The name of the corporation is: Baker Drywall Co., Inc.			
1b. Date of incorporation August 20, 1996 Document number F96000004242			
2. The name and address of the current registered agent and office:			
615 Trumpet Vine Ct., Jacksonville, Fl. 32225			
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM			
c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 33324			
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical.			
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. X Signature Steve Baker, President Signature (Type or printed name and title)			
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.			
SIGNATURE BY: Michael Jones (Registered Agent) Asl Seco			
DATE July 28, 1998			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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