Document Number Only 000004800 T CORPORATION SYSTEM 660 East Jefferson Street Requestor's Name Tallahassee, Florida 32301 Address (850) 222-1092 800002595048--8 07/22/98--01037--004 Zip State Phone City *****35.00 *****35.00 CORPORATION(S) NAME Edwards And Valuer Constructors. () Profit () Merger () Amendment () NonProfit () Limited Liability Company () Dissolution/Withdrawal () Mark () Foreign () Other () Annual Report () Limited Partnership .¥Change of R.A. () Reinstatement () Fict. Filing) UCC-1 UCC-3 () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready Pick Up () Will Wait Walk in () Mail Out Please Return Extra Copy(s) Name Filed Stamp Availability Document Thanks, Melanie 👵 JUL 21 1998 Examiner Updater Verifier Acknowledgment W.P. Verifier

CR2E031 (1-89)

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 New Jersey submits the following statement in order to change its registered office

or registered agent, or both, in t	he State	of Florid	da.					
1a. The name of the corporatio	n is: <u>Edw</u>	ards and	d Kelce	y Consti	ructors,	Inc.		_
1b. Date of incorporation septe	mber 16	, 1997	D	ocumen	t number <u>ı</u>	97000	0048	<u> </u>
2. The name and address of th	e curren	t registe	red age	nt and o	ffice:	SEI	98	
Michael O'Connor			-	·		<u>≯</u> R	=	
8406 Benjamin Road, Suite F,	, Tampa,	FL 336	34	-		ASA SE	<u>\</u> \(\frac{\fracc}\frac{\frac}\fint}}}}{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac}\frac{\frac{\frac	Summer. Assessment
3. The name and address of th (P.O. Box Not Acc	eptable)	_			e: 	Y OF STAIL	PM 2: 3	
c/o C T CORPORATION SYSTEM,	1200 So	uth Pine	e Islan	d Rd., I	lantatio	Flor	rida rida	33324
of its registered agent as change Such change was authorized by an officer so authorized by the back SIGNATURE DATE	resoluti	on duly :	adopted	GA. K	oard of dir Officials Manager Name and	1 <i>Sec</i>		
HAVING BEEN NAMED AS REC PROCESS FOR THE ABOVE S IN THIS CERTIFICATE, I HERE AGENT AND AGREE TO ACT I WITH THE PROVISIONS OF AI PLETE PERFORMANCE OF MY THE OBLIGATION OF MY POS	STATED (SBY ACC) N THIS (CLL STAT) Y DUTIE SITION AS	CORPOI EPT THI CAPACIT UTES R S, AND I S REGIS	RATION E APPO IY. I FU ELATIVI I AM FA STERED	AT THE INTMEN RTHER E TO TH MILIAR \ AGENT ORPORAT (Regist	: PLACE D T AS REG AGREE T E PROPE WITH AND	DESIG BISTEI O COI R ANI D ACCI	NATE RED MPLY O CO EPT	(M-
	DATE	$vu \perp y$	41, 11	フプロ			H5:	it. 1881676

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00 CR2E045 (7-91)

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