Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

HUTTON CONSTRUCTION, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
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T. Roberts AUG 1 9 2008 ST

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

| | e provisions of sections 007.0502 , 017.0502 , 007.1508 , or 617.1508 , Florida Statutes, |
|---|--|
| this statement of Tennessee | of change is submitted for a corporation organized under the laws of the State ofin order to change its registered office or registered agent, or both, in the State |
| of Florida. | |
| 1. The name of | the corporation: Hutton Construction, Inc. |
| 2. The principal | office address: 736 Cherry St., Chattanooga, TN 37402 |
| | |
| 3. The mailing | address (if different): |
| | 00 |
| 4. Date of incor | poration/qualification: 12/1/1999 Document number: F99000006198 |
| | d street address of the current registered agent and registered office on file with the utment of State: NRAI SERVICES, INC. |
| • | 2731 EXECUTIVE PARK DRIVE, SUITE 4 |
| | WESTON FL 33331 |
| 6. The name as changed): | nd street address of the new registered agent (if changed) and /or registered office (if Business Filings Incorporated |
| | 1203 Governors Square Blvd, Suite 101 |
| | (P.O. Box or personal mailbox NOT acceptable) |
| | Tallahassee, Florida 32301-2960 |
| The street addreagent, as change | ess of its registered office and the street address of the business office of its registered ed will be identical. |
| | as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change. Keren Hutton, President (Printed or typed name and title) |
| Thereby accept I further agree performance of | the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as at. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. |
| If signing on beha | ligniture of Registered Agent) (Date) |
| Mark Williams | AVP |
| | Typed or Printed Name) (Capacity) |
| | * * * FILING FEE: \$35.00 * * * |

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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