

MCDERMOTT, WILL & EMERY

Irma Zemaitaitis Direct Dial: 312/ 984-3246

April 10, 2001

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

Re: Leonhardt/Somec, LLC

Ladies/Gentlemen:

Enclosed on behalf of the above named limited liability company is an original and one copy of the Statement for Changing the Registered Agent and Office of the corporation. Also enclosed is a check for \$25 in payment of the required filing fees.

Please process this filing with your office and forward confirming of filing to my attention.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Irma Zemaitaitis Legal Assistant

Enc. #51795-010

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	Leonhardt	/Somec, LLC	·
2. The mailing address of				
140 Atlantic I	Drive, Maitland, 1	FL 32751		
May 24, 2000			L00000005997	-
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registe Florida Department of S		ered office ad	dress as shown on th	e records of the
	C T Corporat	tion Syste	m	
	1200 South E	Name Pine Islan	d Road	
Address Plantation, FL 33324				
•	City, S	state and Zip		· 50 🗩
6. The name and address of	of the new registered age	ent and/or off	ice:	-93
Phillip D. Withrow			_	
Name				
-	140 Atlantic			1936
	Florida street address	(P.O. Box N	OT acceptable)	
	Maitland,	FL 32751		<u> </u>
	City, Sta	ate and Zip	,	
If the limited liability com confirmed that after the ch and the business office of liability company, it is here the members of the limited the operating agreement of	lange or changes are mad the registered agent will eby confirmed that the c	de, the Florid be identical. change(s) was	a street address of the Or, in the case of a leave when a leave the case of a leave authorized by a	e registered office Florida limited an affirmative vote of
(Signature of a member or authorize	zed representative of a member)		•	-
Philip D. Withrow				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Survival (Signature of Registered Agent)	l accept the obligations his document is being fil	oj my positio led to merelv	n as registered agent reflect a change in th	t as provided for in he registered office

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

(99) FILING FEE: \$25.00

INHS18(10/99)