

L00000013156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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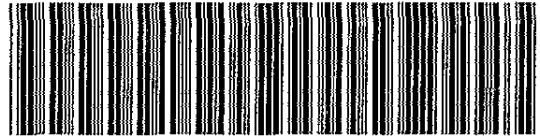
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

**GASSMAN, BATES & ASSOCIATES, P.A.**  
**ATTORNEYS AT LAW**

ALAN S. GASSMAN \*\*  
LONDON L. BATES \*\*  
LOUIS A. "DREW" LAGRANDE \*\*\*

- \* LL. M. IN TAXATION
- + BOARD CERTIFIED LAWYER IN  
WILLS, TRUSTS AND ESTATES
- \*\* CERTIFIED PUBLIC ACCOUNTANT
- \*\*\* LL. M. IN ESTATE PLANNING

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756  
PHONE: (727) 442-1200  
FAX: (727) 443-5829  
GassmanPA.com

January 20, 2006

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

**Re: CONSTRUCT CORPS, L.L.C.**

Dear Sirs/Madams:

Attached please find a Statement of Change of Registered Agent with respect to our client  
**CONSTRUCT CORPS, L.L.C.**

Also attached please find a check made payable to the Department of State in the amount of  
\$25.00 for filing fees.

Please contact Tina Arvin of my office if you have any questions on the attached.

Best personal regards,

  
Alan S. Gassman

ASG:tja  
Enclosures

cc: William Clark (w/ encl.)  
Deana Turnipseed (w/ encl.)

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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 limited liability company is: CONSTRUCT CORPS, L.L.C.
2. The mailing address of the limited liability company is : 3104 N. ARMENIA, 2W, TAMPA, FL  
33607

10/26/2000

3. Date of filing/registration in Florida

L00000013156

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

ALAN S. GASSMAN, ESQ.

Name

1245 COURT STREET, SUITE 102

Address

CLEARWATER, FL 33756

City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM CLARK

Name

3104 N. ARMENIA, 2W

Florida street address (P.O. Box **NOT** acceptable)

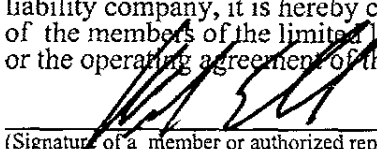
TAMPA

FL 33607

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

WILLIAM CLARK

(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00