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SECRETARY OF STATE
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M. Thomas JAN 15 ZUUB

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: UCI Construction (Name of Limited	Dervices, LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Todd W. Schlemmer (Name of Person)		
UCI Construction Services (Firm/Company)	; LLC	
6375 Harney Road, #107		
Tampa, FL 33610 (City/State and Zip Code)		
For further information concerning this matter, please	se call:	
Emily Reimer at (8) (Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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:	CI Construction Services, LLC
2. The mailing address of the limited liability company is	: 6375 Harney Road, #107
	Tampa, FL 33610
05/15/2002	L02000011757
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered offi	ce address as shown on the records of the
Florida Department of State: Todd W. Schler	mmer
(071 W). Lumsder	n Road
Brandon, Address	33511
City, State and	
6. The name and address of the new registered agent and/o	or office:
Todd W. Schler	nmer
6375 Harney K	200d. #107
Florida street address (P.O. Bo	ox NOT acceptable)
Tampa, FL	33610 gm
City, State and 2	Zip
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
TUILOU	
(Printed or typed name of signee)	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter of 18, F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability compants of Registered Agent)	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.

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