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3ECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC -4 PM 2: 08

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.

I. The name of the limited	d liability company is:	Tazmanian Cons	truction Supply l	L.L.C.		
2. The mailing address of	•			·		
5535 Shad Road, Suite	# 15, Jacksonville, I	-L 32257		<u></u> •		
July 23, 2003		L0300	00027034			
3. Date of filing/registrati	on in Florida	4. Doci	ument number			
5. The name of the registe Florida Department of S	red agent and the regist State: Nicole K. Griffin	ered office address	as shown on the re	ecords of the		
	5535 Shad Road, S	Name uite # 15		O. DIV		
	Jacksonville, FL 32	Address 257 State and Zip		SEGRETARY OF STATIOHS 1 VISION OF CORPORATIOHS 03 DEC -4 PM 2: 08		
6. The name and address of	•	•		2 250		
	Peter A. Ruby, II			SIAN RAN		
	Name 5535 Shad Road, Suite # 15			08 0HS		
	Florida street address	(P.O. Box NOT acc	ceptable)			
	Jacksonville,	_{FL} 32257				
	City, S	tate and Zip				
If the limited liability com confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability of the limited liability company.	nange or changes are methe registered agent with the confirmed that the deliability company or of the limited liability company.	ade, the Florida stree Il be identical. Or, i change(s) was/were as otherwise provide ompany.	State of Florida, et address of the rent the case of a Florauthorized by and in the articles of	it is hereby egistered office orida limited affirmative vote of f organization or		
Peter A. Ruby, II						
(Printed or typed name of signee)						
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if a address, I hereby confirm	intment as registered a is of all statutes relative d accept the obligation his document is being t that the limited liabili	gent and agree to ace to the proper and c s of my position as r filed to merely reflec y company has been	t in this capacity. omplete performa egistered agent a t a change in the notified in writin	I further agree to ince of my duties, s provided for in registered office g of this change.		

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

INHS18(10/99) FILING FEE: \$25.00

(Signature of Registered Agent)