04000044880

| (Requestor's Name) | | |
|---|--------------------|-------------|
| (Address) | | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | isiness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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B. KOHR

FEB 18 2010

EXAMINER



| IN SERVICE COMPANY. |
|---|
| ACCOUNT NO. : I2000000195 |
| REFERENCE : 287631 7468825 |
| AUTHORIZATION: Spelleleman |
| COST LIMIT : \$ 25.00 |
| ORDER DATE : February 17, 2010 |
| ORDER TIME : 9:21 AM |
| ORDER NO. : 287631-030 |
| CUSTOMER NO: 7468825 |
| |
| CHANGE OF AGENT |
| |
| NAME: RELIANCE-CALABASH BOOM FLORIDA, LLC |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY PLAIN STAMPED COPY |
| |
| CONTACT PERSON: Heather Chapman EXT# 2908 |
| EXAMINER: |

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. Name of the limited liability company: RELIANCE-CALABASH BOOM FLORIDA. LI 2. (a) Principal office address of limited liability company: 20 Battery Park Avenue, Suite 305 (Note: MUST BE STREET ADDRESS) Asheville NC 28801 (b) Mailing address of limited liability company: 20 Battery Park Avenue, Suite 305 Asheville, NC 28801 (Note: MAY BE POST OFFICE BOX) L04000044880 06/15/2004 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Robert O. Jackson Registered Office Address: 805 E. Broward Boulevard Sutie 200 Ft. Lauderdale, FL 33301 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: Corporation Service Company 1201 Hays Street **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Tallahassee FL 32301 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)

Blanca Lozada, Authorized Person (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.

Signstyre of Registered Apply (Signstyre of Registered Apply)

(Signature of Registered Agent) Grace E. Kirby, Assistant VP

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