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SECRETARY OF SIATIONS
DIVISION OF CORPORATIONS

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 limit	ted liability company is: Service Hou	uston, LLC .		
2. The mailing address	of the limited liability company is:			
4725 Piedmont Row Dr, S	Suite 400, Charlotte, NC 28210			
9/27/2006		L06000094737		
3. Date of filing/registration in Florida				
5. Date of ming/registra	ation in riorida	4. Document number		
5. The name of the regis Florida Department of	tered agent and the registered office f State:	e address as shown on the records of the		
	Thomas C. Byrne			
	Name			
401 E. Las Olas Blvd., Suite 1220				
Address				
Fort Lauderdale, FL 33301		9 9		
City, State and Zip 6. The name and address of the new registered agent and/or office:				
6. The name and address of the new registered agent and/or office:				
NEGL SONICAS INC				
Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)				
2731 Executive Park Drive, Suite 4		24		
	Florida street address (P.O. Box	NOT acceptable)		
	Weston FL 3333	31		
	City, State and Zip	p		
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 autho	rized representative of a member)			
Thomas C. Byrne, Manag				
fall lell		ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.		
	Anthony J. Alexander, Asst. Se			
Divisio	on of Corporations, P.O. Box 632'	7, Tallahassee, FL 32314		

FILING FEE: \$25.00