(Requestor's Name)						
(Address)						
. (Address)						
(Address)						
(City/State/Zip/Phone #	f)					
PICK-UP WAIT	MAIL					
(Business Entity Name	e)					
(Document Number)						
Certified Copies Certificates of	of Status					
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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 605.0114 or 605.0116. 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.	Na	me of the limited liability company: CORE CONSTR	RUCTION	N S	SERVICES	S OF FLORIDA, LLC	
,	(a)		(1	b) _			
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(,	~ <i>f</i> .	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		8027 Cooper Creek Blvd. Suite 110		1	8027 Coop	oer Creek Blvd. Suite 110	
		University Park, FL 34201		-	University	Park, FL 34201	
		06/18/2008		L	.08000059	9802	
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:  Capitol Corporate Services, Inc.						:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				25		
		515 EAST PARK AVENUE 2ND FL				<b>)24 h</b> Seci	
		TALLAHASSEE , FL	32301		<u> </u>	FILE 2024 HAY - 1 SECRETARY!	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	P64.	FILED HAY -1 AM 9:55 RETARY OF STATE	
		Corporation Service Company	<u> </u>		<u> </u>	55 SS	
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee FL	32301				
cha age wa	inge ent v s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim limited l	ed om nite lial	office and pany, it is ed liability bility com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
700° ( , •00700°				THORIZED PERSON			
Signature of a hember or authorized representative of a member  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 605, 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 ohange.  GRACE E. KIRBY, ASST. VICE PRESIDENT  Signature of Registered Agent							

CSC 428230-13