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B. KOHR

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EXAMINER



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O PLOS				
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CHANGE OF AGENT				

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:	mited liability company: MHG CONSTRUCTION MANAGEMENT SERVICES, LLC				
 (a) Principal office address of limited lie (<u>Note: MUST BE STREET ADDI</u> 		402 Washington Street, Suite Gainesville, GA 30501	VICES, LLC		
(b) Mailing address of limited liability of (Note: MAY BE POST OFFICE I	ompany: BOX)				
11/20/2008		L08000107993			
3. Date of filing/registration in Florida	4	. Document number			
5. (a) Registered Agent and Registered O	ffice shown on th	e records of the Florida D	ept. of State:		
Registered Agent:	(-	CT Corporation System			
Registered Office Address:	_	1200 South Pine Island Rd. Plantation, FL 33324			
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET A	DDRESS)	Corporation Service Company 1201 Hays Street Tallahassee	,FL 32301		
If the limited liability company is not organ that after the change or changes are made, to office of the registered agent will be identic hereby confirmed that the change(s) was/we liability company or as otherwise provided limited liability company. Summer of a member or authorized representative of a result of the company of the company.	he Florida street al. Or, in the casere authorized by in the articles of	address of the registered o se of a Florida limited liab	it is hereby confirmed office and the business ility company, it is		
Blanca Lozada, Authorized Person (Printed or typed name of signee) I hereby accept the appointment as register comply with the provisions of all statutes ream familiar with and accept the obligations F.S. Or, if this document is being filed to make the confirm that the limited liability company hereby: (Signature of Registered Agent) Sylvia Queppet, Asst.		ree to act in this capacity. ver and complete performe s registered agent as prov ange in the registered offi n writing of this change.	I further agree to ince of my duties, and I ided for in Chapter 608, ice address, I hereby		
Sylvia Queppet, Asst.	۷۲				

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