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NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

November 21, 2005

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

RE: GCA SERVICES GROUP OF WEST FLORIDA, LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent of Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check # - 21343 - 8 35-00

Levisa Desta

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 limite	d liability comp	any is: GCA SERVC	ES GROUP OF WES	T FLORIDA, LLO	<u> </u>	 ,
2. The mailing address of	f the limited liab	oility company is: 30	00Conshohocken	State Road		
West Conshohocken,						_
,						
2/24/1999			L9900001077			
3. Date of filing/registrat	ion in Florida	•	4. Document numb	er		
5. The name of the register Florida Department of		ne registered office a	ddress as shown on	the records of t	he	
	Corporation Ser	vice Company				
		Name				
	1201 Hays Stre	et, Suite 105				
		Address				
Tallahassee, FL 32301		₹0	95			
City, State and Zip		ÉÖ	OS DEC			
6. The name and address of the new registered agent and/or office:		AHASS AHASS	C 12	FILED		
	NRAI Services, I	inc.		m _c	~	T
Name 2731 Executive Park Drive, Suite 4 Florida street address (P.O. Box NOT acceptable)			ECREIA : Or STATE LLAHASSEE, FLORID	PM 4: 03		
	r lorida sireet	address (F.O. Box 14	Of acceptable)	>.	ယ	
	Weston	FL 33331				
		City, State and Zip				
If the limited liability comconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited by the limited liability company.	fiange or change the registered a reby confirmed d liability comp of the limited liab	es are made, the Flori gent will be identical that the change(s) wat any or as otherwise publity company.	da street address of l. Or, in the case of is/were authorized l	the registered of a Florida limite by an affirmativ	office ed e vote	of
John L. Kessler, Authorized (Printed or typed name of signee)						
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRA, Services, Inc. (Signature of Registered Agent)	is of all statutes d accept the oblinis document is that the limited	tered agent and agre relative to the prope igations of my positi being filed to merely liability company ho	e to act in this capa r and complete per on as registered ag v reflect a change in as been notified in v	city. I further of formance of my ent as provided 1 the registered vriting of this ch	igree t duties, for in office hänge.	o,

FILING FEE: \$25.00

By: Delia Taliento, Asst. Sectv.

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

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