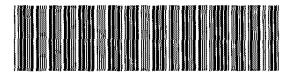
M00000002181

(Requestor's Name)	<u> </u>
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	

Office Use Only



600030830806

O4 APR -2 PH I2: 2

OLAFR-2 MID: 37

OLAFR-2 MID: 37

OLAFR-2 MID: 37

OLAFR-2 MID: 37

OLAFR-2 MIDA



ACCOUNT NO. : 072100000032

REFERENCE : 487006

AUTHORIZATION : =

COST LIMIT : \$ 25.00

4351991

OF MARY OF ST. 28

ORDER DATE: March 10, 2004

ORDER TIME : 9:59 AM

ORDER NO. : 487006-035

CUSTOMER NO: 4351991

CUSTOMER: Mary Kay Jubert Ms 8249

Carlson Companies 301 Carlson Parkway

Minnetonka, MN 55305

CHANGE OF AGENT

NAME: CLC EQUIPMENT LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla Lohi



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 limits	ed liability company i	s: CLC EQUI	PMENT LLC	A SE P	1
2. The mailing address o	f the limited liability	company is:	301 Carlson Parkv	way, Suite	1102
Minnetonka, MN 55	305	· · · · · · · · · · · · · · · · · · ·		557	2
October 19, 2000	·		<u>M</u> 00000002181	F S P	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
3. Date of filing/registrat	ion in Florida		4. Document number	अ वि	7 °
5. The name of the register Florida Department of		gistered office	address as shown on	the records	of the
	СТС	rporation S	ystem		
		Name			
	1200 Sout	h Pine Isla	and Road		**
		Address		*	
		ation, FL 3			
	Cit	y, State and Z	ip		
6. The name and address	of the new registered	agent and/or	office:		
	Corporati	on Service	Company		
		Name			
		Hays Stree		* *	
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Tallahassee	_ FL	32301		. <u>.</u> .
	City,	State and Zip)		
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability of the liability of t	hange or changes are the registered agent reby confirmed that the	made, the Flo will be idention the change(s) v	rida street address of tal. Or, in the case of a vas/were authorized b	the registere a Florida lin y an affirma	ed office nited ative vote o
(Signature of a member or author	ized representative of a men	iber)	•		
Toule T Cineman :	Abbases In Hard		rein e		
Louis J. Giacarrdo, (Printed or typed name of signee)			<u> 87111</u> *		
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if I address, I hereby confirm	a Hondy		•	city. I furthe ormance of in as provid the register riting of this	er agree to my duties, led for in red office s change.

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

FILING FEE: \$25.00