## 00000002722

ACCOUNT NO.

: 072100000032

REFERENCE : 179804

5167317

ORDER DATE: October 24, 2001

ORDER TIME :

9:32 AM

ORDER NO. : 179804-145

CUSTOMER NO:

5167317

CUSTOMER: Chris Stewart, Legal Assistant

The Clark Construction Group

7500 Old Georgetown Road

Bethesda, MD 20814

CHANGE OF AGENT

NAME:

GUY F. ATKINSON CONSTRUCTION, LLC

100004654841--7

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

3 4 6 2

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 company:	is: _GUY F	. ATKINSON CONSTR	CUCTION, L	LC		
2. The mailing address of	the limited liability	company is	:	_			<del></del>
_7500 Old Georgetown				-			
12/28/2000	-			· · · · · · · · · · · · · · · · · · ·			<b>⊸*</b>
3. Date of filing/registration in Florida			M00000002722  4. Document nur	mber		·	
5. The name of the registe Florida Department of S	red agent and the reg State:	gistered offi			ds of the		
-	C T Corporation System						
		•					
1200 South Pine Island Road							17
Address							
Plantation, FL 33324 City, State and Zip				"		• "	<del></del>
6. The name and address of the new registered agent and/or office:						=	
Corporation Service Company					盖拉		ر د چي د معد
		Name		7 77 7 4		 	
-		Hays Stre				-	<del>-</del>
	Florida street addre	ss (P.O. Bo	x NOT acceptable)				
	Tallahassee	FL	32301		A TO STATE OF THE PARTY OF THE	⊇	
•		State and Z		** *	₹, ,	·	÷
If the limited liability composition of the distribution of the first the chand the business office of the limited the members of the limited the operating agreement of	pany is not organized ange or changes are the registered agent very by confirmed that the liability company of the limited liability	d under the lande, the Fivill be idented that the change (s) to as otherwise company.	laws of the State of F lorida street address	of the regist	ered offic	ce ote o: or	f
Signature of a member or authoriz	ed representative of a mem	ber)					
R. Steven Holt, Manage (Printed or typed name of signee)	er	·= <u>x</u>	_ *** =		<i>t</i> .		
I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm t	tment as registered of all statutes relation accept the obligation is document is being that the limited liabil	agent and a ve to the pro ns of my po filed to me ity company	gree to act in this cap oper and complete pe sition as registered a rely reflect a change has been notified in	pacity. I fur irformance of gent as pro- in the regis writing of t	ther agre of my dut vided for tered offi his chan	e to ies, in ce ge.	
( aeol ( b)	d			. 4			
(Signature of Registered Agent) Ca	eroi K. Dolor, As	st. Vice	President				

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

INHS18(10/99)

**FILING FEE: \$25.00**