

ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: January 14, 2002

ORDER TIME : 10:14 AM

ORDER NO. : 693785-005

CUSTOMER NO: 5167317

CUSTOMER: Chris Stewart, Legal Assistant

The Clark Construction Group

7500 Old Georgetown Road

Bethesda, MD 20814

CHANGE OF AGENT

NAME: CLARK RESIDENTIAL, LLC

900004778439--3

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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 limited lia	bility company is:	Clark Resi	dential, LLC	
2. The mailing address of the	limited liability con	mpany is :		
7500 Old Georgetown R	oad Rethesda 1	MD 20814		
7000 014 00019000011 10	oud, beciresua, i	20014		
February 8, 2001			м010000000319	
3. Date of filing/registration i	n Florida	2	l. Document numb	per
5. The name of the registered Florida Department of State		ered office ac	ldress as shown on	the records of the
<u></u>	CT Corpo	oration Sys	tem	
		Name		
	1200 South		d Road	≥ ₄ 8
		Address		
		on, FL 33		
	City,	State and Zip		18 5 F
6. The name and address of th	e new registered ag	ent and/or of	fice:	02 JAN 16 PH 12: 37 SECRETARY OF STATE ALL ATTASSFE. FLORIDA
	Corporation	. Service Co	ompany	10 N
		Vame		RE 3
		ays Street		I.
FI	orida street address	(P.O. Box N	OT acceptable)	•
	Tallahassee	FL	32301	
	City, St	tate and Zip	, <u> </u>	
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of the	e or changes are ma registered agent wil confirmed that the bility company or a climited liability co	ade, the Florical be identical change(s) was otherwise pompany.	da street address of . Or, in the case of s/were authorized	f the registered office f a Florida limited by an affirmative vote of
(Signature of a member of authorized re	epresentative of a member	r)		_
C. Neal Fleming, Jr., Ma (Printed or typed name of signee) I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this caddress, I hereby confirm that	ent as registered ag all statules relative cept the obligations locument is being f the limited liabilit	ent and agre to the prope s of my positi iled to merely y company ha	e to act in this cap r and complete per or as registered ag or reflect a change i s been notified in s	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.
(Signature of Registered Agent)	ten Asst V.	<u>r</u>		
Anne M. Martin, Asst.	Vice Pres. Corporations, P.G	O. Box 6327,	Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)