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ACCOUNT NO.

072100000032

REFERENCE

225457

5167317

AUTHORIZATION

COST LIMIT

2 2

ORDER DATE: October 26, 2001

ORDER TIME : 11:32 AM

225457-605

CUSTOMER NO:

5167317

CUSTOMER:

ORDER NO.

Chris Stewart, Legal Assistant

The Clark Construction Group 7500 Old Georgetown Road

Bethesda, MD 20814

CHANGE OF AGENT

OT OCT 31 PM 12: 10

OT OCT 31 PM 12: 10

OLPARIMENT OF STATE
OIVISION OF CORFORATION

TALLAHASSEE FI ORIDA

NAME:

CLARK FACILITY SERVICES, LLC

mo1-794

800004660818--0

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YEAR STAMPED COPY

CONTACT PERSON: Angie Glisar

OLOCI31 PW 1:3 SECKETARY OF STATE

## 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	ed liability company is	: CLARK FAC	LILITY SERVICES	, LLC			
2. The mailing address of	f the limited liability c	ompany is: _					 
7500 OLD GEORGETOWN	ROAD, BETHESDA, 1	MARYLAND 20	814			*el owe	<u> </u>
04/10/2001			M01000000796	-			
3. Date of filing/registrat	ion in Florida		4. Document nur	nber			
5. The name of the register Florida Department of	ered agent and the regi State:	stered office a	address as shown o	on the recor	rds of th	ıe	
	ሮ ሞ ሮዕዮ	poration Sy	rstem				
	<u> </u>	Name	Beem				· .= ·
	1200 500+1	n Pine Islan	nd Dand				
	1200 30001	Address	ilu Road	•			•
	<b>.</b>			_			_
			3324		15. 15.	0	
City, State and Zip						0	-25
6. The name and address of the new registered agent and/or office:					RETAF	CT 31	<u> </u>
	Corporatio	n Service C	ompany -		SE?Y		
		Name			 9	PH	<u> </u>
		Hays Street			လ		
	Florida street addres				TATE ORIDA	: 32	
	Tallahassee	FI.	32301				
	City, S	State and Zip			**	;	94
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operating agr	nange or changes are me the registered agent we be confirmed that the diability company or fithe limited liability company or the liability co	nade, the Flori ill be identica change(s) we as otherwise pompany.	ida street address of I. Or, in the case of as/were authorized	of the regist of a Florida I by an affir	tered of limited rmative	fice d vote	of
David A. Avedesian, M. (Printed or typed name of signee)	Janager	<del></del>				-	<del>.</del>
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	Dol		ee to act in this cap r and complete pe on as registered a y reflect a change as been notified in	pacity. I fur erformance gent as pro in the regis writing of	rther as of my a wided fo stered o this cha	ree t uties or in ffice inge.	to ,
(Signature of Registered Agent) C			-				
Division	n of Corporations, P.	O. Box 6327,	Tallahassee, FL	32314			

FILING FEE: \$25.00

INHS18(10/99)