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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

REGISTERED AGENT CHANGE

KS&T/GP, LLC

Certificate of Status

Compared Plup

Public Access Male

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CT CORP CLAYTON TEAM 2

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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 liability company is: KS&T/GP, LLC 2. The mailing address of the limited liability company is: YIII 0100000 2308 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: CORPORATION SERVICE COMPANY Name 1201 HAYS STREET Address TALLAHASSEE FL 32301-2525 City, State and Zip 6. The name and address of the new registered agent and/or office; C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating afreement of the limited liability company. (Signature of a member or authorized representative of a member) Sean L. Emerick - Authorized Person (Frinted of typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 600, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I force outline that the change in the change. 1 07 : M.S. Green - Assistant Secretary (Signature of Rogistered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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