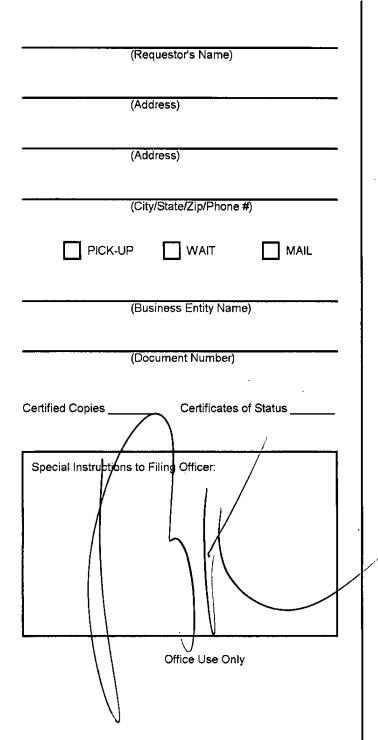
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DEPARTMENT OF STATE
DYVISION OF CORPORATIO

2007 NOV -6 AM IO:
NO. NO LACCO
TO ACKNOWLEDGE.



ACCOUNT NO. : 072100000032					
REFERENCE : 297049 7609759					
AUTHORIZATION: Spelle na E					
COST LIMIT : \$ 25.00					
ORDER DATE: October 31, 2007					
ORDER TIME: 9:49 AM					
ORDER NO. : 297049-010					
CUSTOMER NO: 7609759					
CHANGE OF AGENT					
NAME: POLE MAINTENANCE COMPANY, LLC					
Mail. Fold Militaliance Configuration					
•					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Susie Knight					
EXAMINER'S INITIALS:					

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.

6,	· · · · · · · · · · · · · · · · · · ·				
1. The name of the limited	d liability company is:	POLE MA	AINTENANCE (COMPANY, LLC	
2. The mailing address of	the limited liability co	ompany is : _			
POBOX 707, COLU	MBUS, NE 68601				
11/12/2002			M02000002973		
3. Date of filing/registrati		4. Document number			
5. The name of the registe Florida Department of S		stered office a	ddress as shown or	n the records of the	
		ilings Incor	porated		
	1203 Governors		d., Suite 101	-1 -	
Address Tallahassee, FL 32301-2960 City, State and Zip					
	City,	State and Zip)	HAS T	
6. The name and address of the new registered agent and/or office:					
	Corporation	Service Co	ompany	THE E D	
	1201	Name Hays Street	<u> </u>	PH 1: 53 SEE. FLORIT	
	Florida street addres	s (P.O. Box N	OT acceptable)	P	
	Tallahassee		32301		
	City, S	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limor the operating agreement	nange or changes are me the registered agent we reby confirmed that the	nade, the Flor ill be identica change(s) w	ida street address o l. Or, in the case o as/were authorized	of the registered office of a Florida limited by an affirmative vote	
(Signature of a member or authori	zed representative of a memb	er)			
William H (Printed or typed name of signee)	sbiff.				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the confirm the confirm	ck Van	Ma		pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	
	Michelle R. Vannoy n of Corporations, P.	• • •		32314	
	F, * .		,		

FILING FEE: \$25.00

INHS18 (8/05)