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ACCOUNT NO. : 072100000032

REFERENCE : 818104 7510300

AUTHORIZATION FURBLE REPORT

COST LIMIT : \$ 25.00

ORDER DATE : January 18, 2006

ORDER TIME : 9:38 AM

ORDER NO. : 818104-085

CUSTOMER NO: 7510300

CHANGE OF AGENT

NAME: TRS SUBSIDIARY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

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.

agent, or both, in the state	e oj Pioriaa.			
1. The name of the limite	d liability company i	s: TRS SUBSIDI	ARY, LLC	
2. The mailing address of	the limited liability	company is:		
P. O. Box 1448, Norfolk, NE	58701			
11/21/2002			N402000002005	
			M02000003095	
3. Date of filing/registrati	on in Florida	4	Document numl	oer
5. The name of the registe Florida Department of S	red agent and the reg State:	sistered office ad	ldress as shown or	n the records of the
	NF.	RAI Services, Inc.		
		Name		, 12
526 Park Avenue			型 一	
Address				ESS SE
Tallahassee, FL 32301			最 2	
	City	y, State and Zip		いたの
6. The name and address of	of the new registered	agent and/or off	fice:	FILED 2006 JAN 25 PH 1: 12 SECRETARSEE, FLORIGATION
	Corporat	tion Service Compa	ıny	吴
		Name		ÖL K
<u>-</u>	120	01 Hays Street		•
	Florida street addre	ess (P.O. Box N	OT acceptable)	
	Tallahassee	FL	32301	
	City,	State and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are the registered agent to eby confirmed that the liability compant of the limited liability.	made, the Floric will be identical, he change(s) wa ny or as otherwis	la street address of . Or, in the case of	f the registered office f a Florida limited
(Signature of a member or authority		nber)		
Donavon A. Heimes, Manager (Printed or typed name of signee)				
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 (Signature of Registered Agent) Elizabeth A. Dawson, Asst. Vi	ce President	_ 		
Division	n of Corporations, F	O. Box 6327,	i allahassee, FL	32314

FILING FEE: \$25.00

INHS18 (8/05)