M02000003268

(Requestor's Name)
(Address)
(riddroso)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800025365328

12/15/03--01056--005 **25.00

10:01 WY 8- NUT 90

7/

BMHC

720 Park Boulevard, Suite 200 P.O. Box 70006 (83707-0106) Boise, Idaho 83712-7714

Telephone: (208) 331-4300 • Fax: (208) 331-4366

BMC West Corporation and BMC Construction Inc are wholly-owned subsidiaries of Building Materials Holding Corporation Lesa D. Thomas Direct Dial: (208) 331-4382 E-Mail: thomas@bmhc.com

December 11, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please accept the attached change of registered agent form for WBC Construction, LLC along with a check for \$25.00. Please contact me if you have any issues with the form.

Sincerely,

Lesa D. Thomas

Assistant Corporate Secretary

LDT:

10:01 WW 8- NV 70



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 23, 2003

LESA D. THOMAS BMHC PO BOX 70006 BOISE, ID 83707-0106

SUBJECT: WBC CONSTRUCTION, LLC

Ref. Number: M02000003268

We have received your document for WBC CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers Document Specialist

Letter Number: 703A00068435

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:	WBC Co	instruction, LLC	·	
2. The mailing address o				ad	
Sunrise, FL 33351	·			<u></u>	
12/10/02		M02000003268			
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the registe Florida Department of		red office	address as shown o	n the records of t	he
	5391 Nob Hill Road	Vame			
	Sunrise, FL 33351	ddress ate and Z	ip in	- <i>.</i>	
6. The name and address	•		•		
	Corporation Service (Company	y		_
	1201 Hays Street Na	me			
	Florida street address (P.O. Box	NOT acceptable)		
	Taliahassee	_{FL} 3230		vw = +	
	City, Star	te and Zip)		
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are mad the registered agent will reby confirmed that the cl d liability company or as	le, the Flo be idention nange(s) wo otherwise	orida street address of the case of the ca	of the registered of of a Florida limite	office ed
(Signature of a member or author	ized representative of a member)	<u> </u>	. 2		. **
Paul S. Street, CAO, S	SVP, General Counsel				
(Printed or typed name of signee)			e e e e e e e e e e e e e e e e e e e		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm by:				pacity. I further of rformance of my gent as provided in the registered writing of this ci	igree to duties, for in office hange.
(Signature of Registered Agent) Vivien S. M: Divisio	itchell, Assistant and of Corporations, P.O.	Secreta: Box 632	ry 7, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)