M030000002991

Premier Corporate Services, (Requestor's Name) Inc				
Cervice 3 (Requestor's Name) Jrc				
200 West adams Street,				
Ste 2007				
(Address) Chicalo IL 6006 (City/State/Zip/Phone #)				
City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

) MAR 10 ÅM 9

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: Ran	n Construction Services of Cleveland	I, LLC
2. The mailing address of the limit			
09/05/2003	······································	M03000002991	,
3. Date of filing/registration in Flor	rida	4. Document number	
5. The name of the registered agent Florida Department of State:	and the registered	office address as shown on the re	ecords of the
CT Corpo	oration System		
	Nan	ne	
1200 Sot	uth Pine Island Road	1	
1200 000	Addr		
Plantation	n, FL 33324		
1 tantago	City, State	and Zip	
6. The name and address of the new	registered agent a	and/or office:	0
NRAI Sen	vices Inc		08 MAR 10 SECRETAR TALLAHASS
<u></u>	Name		59 3
2731 Exec	cutive Park Drive, S		蜀二
		D. Box NOT acceptable)	SSEE.
Weston	FL	33331	E'S S
	City, State a	nd Zip	F STATE FLORIG
If the limited liability company is no confirmed that after the change or cland the business office of the registe liability company, it is hereby configuration of the members of the limited liability or the operating agreement of the limited liability.	hanges are made; to ered agent will be shed that the chan ity company or as nited liability com	he Florida street address of the re identical. Or, in the case of a Flor ge(s) was/were authorized by an a otherwise provided in the articles	gistered office
(Signature of a member or authorized represent	ative of a member)		·
			•
Robert T. Mazur			•
(Printed or typed name of signee) I hereby accept the appointment as comply with the provisions of all sta and I am familiar with and accept the Chapter 608, F.S. Or, if this document of the control of the linguistics, I hereby confirm that the linguistics.	registered agent a tutes relative to th te obligations of m ent is being filed to mited liability com	nd agree to act in this capacity. e proper and complete performan y position as registered agent as o merely reflect a change in the re pany has been notified in writing	I further agree to nice of my duties, provided for in egistered office of this change.
(Signature of Registered Agent) Laura Lightholder, Asst.	Sec		
Division of Corpo	orations, P.O. Bo	x 6327, Tallahassee, FL 32314	*

FILING FEE: \$25.00