Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Piesse print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000323321 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

rax Number

: (850)205-0380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

(850) 222-1092

Phone

Fax Number

(850) 222-9428

REGISTERED AGENT CHANGE

CLARK SURETY SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Blacksonic Plina Marie

COMPORTING FILINGS

Public Access

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or liability company submits the following statement to agent, or both, in the State of Floridu.	608.508, Florida Standes, the undersigned limited in order to change its registered office or registered	
1. The name of the limited liability company is: CL	ARK SURETY SERVICES, LLC	
2. The mailing address of the limited liability compa	any is:	_
7500 Old Georgetown Road, Bethesda, MD 20814		
9/16/2003	522299206	
3. Date of filing/registration in Florida	4. Document number	
 The name of the registered agent and the registered Florida Department of State; 	d office address as shown on the records of the	
Corporation Service Company		
N ₂	me	
1201 Hays Street	500	_
	dress ALL	
Tallahasses, Florida 32301	≥≈ ₹	5
Chy, Sint	wanterp	
6. The name and address of the new registered agent	ARRIVOR OTRICE:	-
CT Corporation System		
Nam	k	5
1200 South Pine Island Road		n
Florida street address (P.	O. Box NOT acceptable)	3
Plantation F	L 33324	
City, State	and Zip	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited hisbility company. (Signature of a member a authorized representative of a member)	, the Florida street address of the registered office of identical. Or, in the case of a Florida limited inge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or	,
Wilson M. Shook, Manager (Frinted or typed name of signee)	<u> </u>	
(Signature of Registere d. Apart)	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office impany has been notified in writing of this change.	
Division of Caracretians PC D	tor 6377. Telleheusee, ST, 32314	

FILING FEE: \$25.00

FLD15-MINNY C T System Online

INHS18(10/99)