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LLC REGISTERED AGENT CHANGE FULCRUM CONSTRUCTION, LLC

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Fax Audit # H190001972163
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: FULCRUM CONSTRUCTION, LLC
2. (a) 1945 The Exchange SE Suite 400
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Atlanta, Georgia 30339
- (b) 1945 The Exchange SE Suite 400
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Atlanta, Georgia 30339
3. 9/29/2003
Date of filing/registration in Florida
4. M03000003224
Document number
5. (a) C T CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
PLANTATION, FL 33324
- (b) Business Filings Incorporated
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1200 South Pine Island Road
NEW Registered Office Address:
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the limited liability company or as otherwise provided in the articles of organization of the limited liability company.

[Signature]
Signature of a member or an

I hereby accept the provisions of all statutes, the obligations of my position, to merely reflect a change notified in writing of this

[Signature]
Signature of Registered Agent

Mark Eastin, Secretary, Pivot Point Holdings, Inc., Manager
Printed or typed name of signer

I agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the provisions of Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
 FILING FEE: \$25.00

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