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FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 WALK-IN FILING CORPORATION NAME 1. M.S. LEE INTERNATIONAL CHECK # 1234 EASE RETURN THE FOLLOWING: CERTIFIED COPY X PLAIN PHOTOCOPY CERTIFICATE OF GOOD STANDING / STATUS DOCUMENT TYPE: **NEW FILING AMENDMENT** REGISTRATION / QUALIFICATION CHANGE OF AGEN

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.	ŗ
1. The name of the limited liability company is: M.S. LEE INTERNATIONAL, LLC	
2. The mailing address of the limited liability company is : 1701 Barrett Lakes Blvd., Suite 500,	
Kennesaw, GA 30144	- ·
3/19/2004 M04000001088	
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
C T Corporation System	ē.
Name	
1200 South Pine Island Road	
Address Plantation, FL 33324	
City, State and Zip SSR 20	
6. The name and address of the new registered agent and/or office:	
NRAI Services, Inc. $\bigcirc S = \bigcirc $	
Name SEE 5	
526 E. Park Avenue	<u>-</u> -
Florida street address (P.O. Box NOT acceptable)	
Tallahassee FL 32301	ī
City, State and Zip	
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 members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	
Thomas E. Van Autreve (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. NRAI Services, Inc. (Signature of Registered Agent)	÷

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