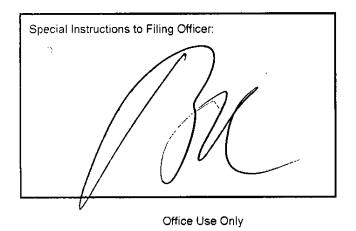
## M0500000 2601

	٠ -
	(Requestor's Name)
<del>,</del>	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
<del></del>	(Document Number)
Certified Copies	Certificates of Status





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07 AUG - 1 PM 3: 16
SECRETARY OF STATE
TALLAHASSEE, FLORID

RECEIVED

OT AUG-1 PH 12: 43

DIVISION OF CORPORATION



ON SERVICE COMPANY							
	ACCOUNT NO.	:	072100000	0032			
	REFERENCE	:	022461	5124579			
	AUTHORIZATION	:	Levell	Heren.	,		
	COST LIMIT	:	\$ 25.00		10 9 a		
ORDER DATE :	-				LLAHAS		
ORDER NO. :					St. t.		
CUSTOMER NO:					087		
					9		
CHANGE OF AGENT							
NAME:	KAST CONSTRUC	TIO	N COMP <b>AN</b> Y	LLC			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FII	JING:			
	FIED COPY STAMPED COPY						
CONTACT PERSON: Heather Chapman							

EXAMINER'S INITIALS:

## 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	d liability company is	S: KAST CON	STRUCTION COMPA	ANY LLC
2. The mailing address of	the limited liability of	company is : _		*
1601 Forum Place, Suite 805,	West Plam Beach, FL 33	3401		
05/16/2005			M05000002601	
3. Date of filing/registrati	on in Florida		4. Document num	ıber
5. The name of the register Florida Department of	red agent and the reg State:	istered office	address as shown o	on the records of the
	Valdes-Faul	li Corporate Serv	ices, Inc.	4,00
		Name		2 7
	777 South Fla	agler Drive, Suite	500 East	
		Address	<u> </u>	## L F
West Palm Beach, FL 33401				55.72
	City	, State and Zi	p	mo i
6. The name and address of	of the new registered	agent and/or o	ffice:	PH 3: 16
	Corporati	ion Service Comp	pany	
		Name		$\mathcal{V}$
	120	1 Hays Street		
	Florida street addre	ss (P.O. Box I	NOT acceptable)	
	Tallahassee	FL_	32301	<del></del>
	City,	State and Zip		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authority)	ange or changes are a the registered agent we eby confirmed that the ited liability company t of the limited liability	made, the Flor vill be identicate change(s) way or as otherw ty company.	ida street address only id. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote
(Printed or typed name of signee)	Clarke			
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered in of all statutes relative decept the obligation is document is being that the limited liabil.  Sinchelle R. Vannoy, Asst.	non	ee to act in this cap er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

ند',