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SECRETARY OF STATE.

COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT:	Civil Group Engineering, CLC	
DOCUMENT NUM	M05000005293	
The enclosed Stateme	ent of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all corre	respondence concerning this matter to the following:	
_	John A. Clark (Name of Contact Person)	
_	Civil Group Engineering (Firm/Company)	
_	Clucago IL 60601-2410 Fig. D. (Otry/State and Zip Code)	
	Clucago IL 60601-2410 Fix & To	M
For further information	ion concerning this matter, please call:	
John	mA. Clark at (312) 214-0500 (Area Code & Daytime Telephone N	umber)
(2.7 		

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2006

JOHN A. CLARK 203 N. WABASH AVE. SUITE 604 CHICAGO, IL 60601-2410

SUBJECT: CIVILGROUP ENGINEERING, L.L.C.

Ref. Number: M05000005293

We have received your document for CIVILGROUP ENGINEERING, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 906A00063437

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: \underline{Civ}	116roup Engineering, LLC.	
 The name of the limited liability company is:	203 N. Wabash Ave. #60!	
_ Chicago, Il 60601		
	M05000005293	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office Florida Department of State:		
Haron Eambo		
Aaron Zambo Name 1130 Lake Shore Address Lake Park, FL City, State and Z	e Drive #101	
Lake Park, FL City, State and Z	. 33403 Pr. 33	
6. The name and address of the new registered agent and/or	office:	
Aaron Zambo	ASS T	
Name 108 Bravado Li	NOT acceptable)	
Florida street address (P.O. Box	NOT acceptable)	
Florida street address (P.O. Box NOT acceptable) Florida Street Black Shortes FL 33404 5 5 City, State and Zip		
City, State and Zip		
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	ws of the State of Florida, it is hereby rida street address of the registered office al. Or, in the case of a Florida limited	
late A Class		
John A. Clark (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posi Chapter 608, F.S. On if this document is being filed to mere address, I hereby confirm that the limited liability company of the company	ree to act in this capacity. I further agree to ver and complete performance of my duties, tion as registered agent as provided for in ly reflect a change in the registered office has been notified in writing of this change.	

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