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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: The Gannon Management Company of Florida (Name of Corporation) | | | |
| DOCUMENT NUMBER: MO5583 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Diane Dishon Gacki (Name of Contact Person) | | | |
| Gannon International, Ltd. (Firm/Company) | | | |
| 11301 Olive Boulevard (Address) | | | |
| Saint Louis, MO 63141 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Diane Dishon Gacki at (314) 989-9600 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Amendment Section Street Address: Amendment Section | | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | e provisions of sections 607.0502 , 617.0502 , 607.1508 , or 617.1508 , hange is submitted for a corporation organized under the laws of the Ω derivative its registered office or registered agent, or both, in the Ω | State of Florida |
|-------------------------------|---|--|
| | f the corporation: The Gannon Management Company of Florida | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | al office address: 9150 SW 87th Ave, Ste 201, Miami, FL 33176 | |
| 3. The mailing a | address (if different): 11301 Olive Boulevard, St. Louis, MO 6314 | 1 . |
| 4. Date of incor | prporation/qualification: 9/24/1984 Document number: _ | M05583 |
| | nd street address of the current registered agent and registered office cartment of State: | on file with the |
| | Sybil C. Field | |
| | 9150 SW 87th Ave, Ste 201 | |
| | Miami, FL 33176 | 08 H |
| 6. The name and (if changed): | nd street address of the new registered agent (if changed) and /or regis: Michael Hoeflinger | SEE F |
| • | 11803 NE 11 Place | |
| | (P.O. Box NOT acceptable) | — |
| • | ress of its registered office and the street address of the business of ill be identical. was authorized by resolution duly adopted by its board of directors the board, or the corporation has been notified in writing of the ch | |
| - Ast | Robert Greene, EVP | d same and fills) |
| \ | of the appointment as registered agent and agree to act in this cape to comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as eing filed merely to reflect a change in the registered office address as feen notified in writing of this change. | d name and title) acity, r and complete performance registered agent. Or, if this s, I hereby confirm that the |
| - HAR | (///////////////////////////////////// | œ) |
| If signing on be | behalf of an entity: | |
| | (Typed or Printed Name) | |

* * * FILING FEE: \$35.00 * * *