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(City/State/Zip/Phone #)					
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CMR Construction & Roofing, LLC (Name of Limited Liability Company)					
(Name of Limited Liability Compan	ý)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are	submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Tera Pobinson (Name of Person)					
CMR Construction & Roofing, LLC (Firm/Company)					
1501 W. Ohio St. (Address)					
Indiana polis IN 46222 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Tera Lobinson at (317) 630 (Area Code & Daytin	4245 ne Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDR Registration Sectio Division of Corpor P.O. Box 6327 Tallahassee, Florida	n ations				
Enclosed is a check for the following amount:					
\$25 Filing Fee \$55 Filing Fee &	E Certified Copy				

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. Name of the limited liability company: CMR Construction & D. C.

٠,	114	and of the minica habitity company Con Con	ISTALLION POWER	_
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 1501 W. Ohlo St Indianapolis IN 46222	- - <u>\$</u>
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Isol W. Ohio St. To 46222 5	SECRETA VIOLON OF
		1/31/06	M06000000 €38 ==	04800 1407 AN
3.	Da	te of filing/registration in Florida	4. Document number	3
5.	. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
		Registered Agent:	Steven Soule	
		Registered Office Address:	4361 Hypoluxo Rd Lake Warth FL 33462	- -
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	~

NEW Registered Agent:

NEW Registered Office Address: (MÜŞT BE FLORIDA STREET ADDRESS)

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 liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signifula of a member or authorized representative of a member)

(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 608, 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.

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