## N0700003861

Premier Corporate Bervices (Requestor's Name) Inc.					
Bervices (Requestor's Name) Inc.					
Ste 2007					
Chi Cayo, Loo 606  (City/State/Zip/Phone #)					
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SECHETARY OF STATE

M. Thomas MAR 1 4 2008

## 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 lim	ited liability comp	oany is: Ram Construc	tion Services of N	linnesota, LLC	
2. The mailing address					
06/25/2007		<del></del>	M07000003861		•
3. Date of filing/registr	ation in Florida	4.	. Document nun	nber	
5. The name of the regis		ne registered office ad	dress as shown	on the records of the	
	CT Corporation				
•		Name			
	1200 South Pine				
Address					
*	Plantation, FL 3	33324			
		City, State and Zip			
6. The name and addres	s of the new regist			TASE .	08 MAR 10 AM 9: 48
	NRAI Services, I	nc.		<b>₽</b> X	另
		Name		岩岩	$\overline{a}$
	2731 Executive F	Park Drive, Suite 4		SE 32	_
	Florida street a	address (P.O. Box NO	T acceptable)	μία	莹
				FLS:	بي
	Weston			<u> </u>	-
	(	City, State and Zip		Q mi	. <i>ထ</i>
If the limited liability co- confirmed that after the and the business office of liability company, it is ho of the members of the li- or the operating agreement (Signature of a member or author)	change or changes of the registered ag ereby confirmed ti mited lightlity cor ent of the limited I	s are made, the Florida gent will be identical. hat the change(s) was npany or as otherwise iability company.	a street address of	of the registered office	
Robert T. Mazur, Member					
(Printed or typed name of signe					
I hereby accept the appe comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir NRAI Services, locy	ointment as registe ns of all statutes r nd accept the obli this document is l n that the limited l	ered agent and agree elative to the proper of gations of my position being filed to merely r liability company has	to act in this cap and complete pe as registered a reflect a change 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.	
(Signature of Registered Agent) Laura Lightholder, Asst. S					
Divisi	on of Corporatio	ns, P.O. Box 6327, T	allahassee, FL	32314	
	-	<b>TLING FEE: \$25.00</b>			

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