MU700005971

(Req	uestor's Name)				
(Address)					
(Add	lress)				
(City	/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bus	iness Entity Name)				
(Doc	cument Number)				
Certified Copies	Certificates of Status				
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DEPARTMENT OF STATES

DIVISION OF SORPERATIONS

O7 OCT 11 PM 1:30 SECRETARY OF STATE VALLAHASSEF, FI SATE



ACCOUNT NO. : 072100000032

REFERENCE : 241599

7157369

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER TIME : 9:53 AM

ORDER DATE: September 24, 2007

ORDER NO. : 241599-270

CUSTOMER NO: 7157369

CHANGE OF AGENT

NAME: INFRASOURCE DASHIELL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

NEXT PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds

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: INFRASO	JRCE DASHIELL, L	LC .		
2. The mailing address of	the limited liability of	company is:		<u> </u>		
C/O William H. Muller, 100 V	Vest Sixth Street, Media, 1	PA 19063				
January 10, 2006			M07000	005971		
3. Date of filing/registrati	on in Florida		4. Document nu	ımber		
5. The name of the register Florida Department of S		istered office	e address as showr	on the records of the		
•	СТС	Corporation Sys	tem	_		
		Name		_		
	1200 Sc	outh Pine Island	Road			
Address Address Action 1						
Plantation, FL 33324 City, State and Zip						
. 	•	•	•	## = F		
6. The name and address of	of the new registered	agent and/or	office:	SSROM		
	Corporat	ion Service Co	mpany	OCT 11 PH 1:30 CRETARY OF STATI		
Name						
1201 Hays Street						
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City,	State and Zi	p			
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement when the company of the limited of the member of a member or authority.	nange or changes are the registered agent vereby confirmed that the ited liability compan at of the limited liabil	made, the Flwill be identine change(s) by or as other ity company.	orida street addres cal. Or, in the cas was/were authoriz wise provided in t	s of the registered office		
Maureen Cullen (Printed or typed name of signee)			-			
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm			gree to act in this of per and complete ition as registered rely reflect a chang has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.		

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