| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL . |
| (Bu | siness Entity Nan | ne) |
| · (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | , | |
| | | |
| | | |

Office Use Only

G. MCLEOD

SEP 1 2009

EXAMINER



300159330853

08/31/09--01022--001 **25.00



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

8/28/2009

STATE:

FLORIDA

REP UNIT:

BE&K BUILDING GROUP, LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #17615 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.



COVER LETTER

| TO: Registration Section Division of Corporations | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| SUBJECT: BE&K BUILDING (Nam | GROUP, LLC ne of Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerni | ng this matter to the following: | |
| Myra Homer (Name of Person) | | |
| Capitol Corporate Service (Firm/Company) | ces, Inc. | |
| 800 Brazos, Suite 4 | 100 | |
| Austin, TX 7870 (City/State and Zip Code) | <u>1</u> | |
| For further information concerning this m | atter, please call: | |
| Myra Homer (Name of Person) | at (800) 345 - 4647 (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following amount: | | |
| ■ \$25 Filing Fee | □ \$55 Filing Fee & 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: BE&K BUI | LDING GROUP, LLC | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | 2000 International Park Drive Birmingham, AL 35243 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| 1/3/2008 | M0800000047 | |
| 3. Date of filing/registration in Florida 4 | . Document number | |
| 5. (a) Registered Agent and Registered Office shown on th | e records of the Florida Dept. of State: | |
| Registered Agent: | C T Corporation System | |
| | 1200 South Pine Island Rd Plantation, FL 33324 | SECR DIVISION |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> | <u> </u> | ETARY OF |
| NEW Registered Agent: | Capitol Corporate Services, Inc. | 第 公 |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 155 Office Plaza Dr. STE A မွှ | |
| | Tallahassee ,FL 32301 | 漢 |
| If the limited liability company is not organized under the la that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and agent agent and agent | organization or the operating agreement of the | ited |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the propam familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a checonfirm that the limited liability company has been notified to the limited liability company has been notified liability lia | per and complete performance of my duties, an s registered agent as provided for in Chapter vange in the registered office address, I hereby in writing of this change. . Sec. | id I 608, , |

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

(Signature of Registered Agent)