

**M09000003442**

Florida Department of State  
Division of Corporations  
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Email Address: Pcoresap@wassermanconstruction.com

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LLC REGISTERED AGENT CHANGE  
WASSERMAN CONSTRUCTION COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS

NOV 8 2010

EXAMINER

**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: Wasserman Construction Company, LLC

2. (a) Principal office address of limited liability company: 814 WILLOW AVE  
KNOXVILLE, TN 37915  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: P.O. Box 32446  
KNOXVILLE, TN 37930  
*(Note: MAY BE POST OFFICE BOX)*

8/31/2009  
3. Date of filing/registration in Florida

M09000003442  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: GARY WASSERMAN  
Registered Office Address: 2518 MONTCLAIRE CIRCLE  
WESTON FL 33327

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STATE

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: C T Corporation System  
NEW Registered Office Address: 1200 South Pine Island Road,  
*(MUST BE FLORIDA STREET ADDRESS)* Plantation, FL 33324

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

Michael Wasserman CHIEF MANAGER  
Signature of a member or authorized representative of a member

Michael Wasserman,  
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.

Mark Williams AVP, C T Corporation System  
Signature of Registered Agent

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