M97000000540

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ACCOUNT NO. : 072100000032

REFERENCE : 522225

7110113

SECRET SEEE, FIT BY 33

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: August 3, 2005

ORDER TIME : 1:33 PM

ORDER NO. : 522225-460

CUSTOMER NO: 7110113

CUSTOMER: Ms. Cynthia Rubio

Csx Corporation

500 Water Street, C160

Jacksonville, FL 32202

CHANGE OF AGENT

NAME: RDC PROJECTS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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.

N. PON	-	יחה אפת דפתחים	T.C		
1. The name of the limited liabilit	y company is: _ <u>R</u>	OC PROJECTS, I	UTC		
2. The mailing address of the limit	ted liability com	pany is:			
500 Water Street, Jackson	nville, FL 322	:02			
09 /01 /1007		አኖር ማ ብ ብ	20000540		
08/21/1997 M97000000540 3. Date of filing/registration in Florida 4. Document number					
J. Date of mingrogistration in 1	Silaa	7. 200	043110111 114111		
5. The name of the registered ager Florida Department of State:	it and the register	red office address	as shown o	n the records of the	
		cation System			
		Name		4 0	
1200 South Pine Island Rd.					
Address Plantation, FL 33324				翠 島 二	
		ate and Zip		BE ST	
6. The name and address of the ne	w registered ager	nt and/or office:		FILED AN 8: 33 ECREVANASSEE: FLORIT	
	Corporation :	Service Compan	Ÿ	STA STA	
		ime		器が	
	1201 Hay	/s Street		- > -	
Florida street address (P.O. Box NOT acceptable)					
Tal		FL 323	101		
City, State and Zip					
If the limited liability company is confirmed that after the change or and the business office of the regis liability company, it is hereby conthe members of the limited liability the operating agreement of the limited liability that the operation of the limited liability that the operation of a member or authorized representations.	changes are mad stered agent will firmed that the ch y company or as nited liability com	le, the Florida stre be identical. Or, nange(s) was/wer	eet address of in the case of e authorized	of the registered office of a Florida limited by an affirmative vote of	
Maureen Cullen, Attorney in (Printed or typed name of signee)	Fact on behal	lf of Donna W.	Melton, M	lanager	
I hereby accept the appointment of comply with the provisions of all s and I am familiar with and accept Chapter 608, F.S. Or if this docu address. I hereby confirm that the (Signature of Registered Agent)	is registered agentatutes relative to the obligations of ment is being file limited liability of the comment is the limited liability of the comment is the liability of	nt and agree to a o the proper and of my position as ed to merely refle company has bee	ct in this cap complete pe registered a ct a change n notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

FILING FEE: \$25.00

Elizabeth A. Dawson, Asst. Vice President Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)