97000000829



ACCOUNT NO. : 072100000032

REFERENCE

004513

7165873

000002671150--7

AUTHORIZATION

COST LIMIT

ORDER DATE: October 21, 1998

ORDER TIME : 9:39 AM

ORDER NO. : 004513-235

CUSTOMER NO: 7165873

CUSTOMER: Ms. Konnie Smith

Opus U.s. Corporation 9900 Bren Road East

Minnetonka, MN

CHANGE OF AGENT

NAME: OIRE, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

Name **Availability**

Document Examiner

Updater

ver.tyer

Auknowledgeme

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABELITY COMPANY

liability company organiz	ns of sections 608.416 or ted under the laws of the Sta tement in order to change	ate of DELAWARE		
the State of Florida.	(PLEA	ASE PRINT)		
la. The name of the limit	ted liability company is: O	IRE, L.L.C.		

1b. The mailing address	of the limited liability con	npany is: 800 Opus	Center	
9900 Bren Ro	oad East, Minnetonka,	MN 55343		
1c. Date of filing/registre	ation in Florida: 12/09/97	Document numb	ег: м97000000829	
2. The name and address	of the current registered a	gent and office:		
	C T CORPORATION SYSTE	M .		
	1200 SOUTH PINE ISLAN	D ROAD		SECRETAIN OF CONVISION OF CONVI
	PLANTATION, FL 33324			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3. The name and address	of the new registered ager	nt and office: (P.O. Box		
	Corporation Service C	ompany	i	OF STATE ORFURATION PH 12: 00
	1201 Hays Street		· · ·	O
	Tallahassee, FL 32301			
the registered agent will be Such change was authoris	es are made, the street addre e identical. zed by affirmative vote of the articles of organization	a majority of the member of the regulations of the	bers of the limited	liability
(Signature of a member or a	uthorized representative of a memb	er)	(Date)	
	- President/Manager	_		
(Printed or typed nam				
Having been named as re liability company, I here capacity. I further agree complete performance of as registered agent.	egistered agent and to accept the appointment to comply with the promy duties, and I am famil	ept service of process for nt as registered agent visions of all statutes r iar with and accept the	or the above stated and agree to act elative to the pro- obligations of my	l limited in this per and position
Church L.	Tolunate		(0/22/98 (Data)	
(Signature of Registe	red Agent)		· (Date)	
Ulvisio	n of Corporations, P.O.	Box 654/, Lalianassee.	.rl 32314	

FILING FEE: \$35.00