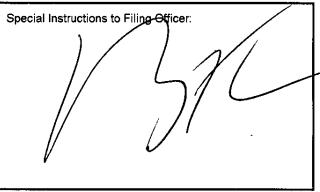


	(Requestor's Nan	ne)
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PICK-UP	WAIT	MAIL
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ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: December 18, 2006 ORDER TIME : 11:19 AM ORDER NO. : 672013-020 CUSTOMER NO: 7562859 CHANGE OF AGENT NAME: D.H. GRIFFIN CONSTRUCTION CO., LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: DEBBIE SKIPPER

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	ed liability company i	S: D.H. GRIF	FIN CONSTRUCTI	ON CO., LLC	
2. The mailing address o	f the limited liability	company is: _		•	
43/ Raleigh View	Road, Raleigh, NC	27610		***	
01/12/1998			м98000000032		
3. Date of filing/registration in Florida		•	4. Document number		
5. The name of the register Florida Department of		gistered office a	ddress as shown	on the records of the	
	СТ	Corporation	System		
		Name		•	
	1200 Sout	th Pine Islan	nd Road		
Address					
Plantation, FL 33324				ASE OF	
•	Cit	y, State and Zij)	50 5 7	
6. The name and address	of the new registered	agent and/or o	ffice:	HARRE TO THE TARREST	
	Corporati	on Service C	ompany	SETO 3	
		Name		THE IS	
	1201 Hays Street		25 55 25 55		
	Florida street addre	ess (P.O. Box N	NOT acceptable)	TEA	
	Tallahassee	FL	32301		
	City,	, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are the registered agent reby confirmed that the	made, the Florwill be identicated the change(s) w	ida street address l. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
15/1					
(Signature of a member or author	•	ŕ			
F. Worbert Heir (Printed or typed name of signee)	tor Jr. M	venber			
			ee to act in this ca er and complete p ion as registered y reflect a chang as been notified i	npacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent) Sylvia Quepped, Asst. VP

FILING FEE: \$25.00