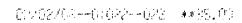
N50666

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COVER LETTER

Division of Corporations SUBJECT: Florida Associated General Contractors for Better Government, Inc. (Name of Corporation) DOCUMENT NUMBER: N50666 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Warren Husband (Name of Contact Person) Metz, Husband & Daughton, P.A. (Firm/Company) P.O. Box 10909 (Address) Tallahassee, FL 32302 (City/State and Zip Code) For further information concerning this matter, please call: Warren Husband (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Florida Associated General Contractors for Better Government, Inc. office address: 215 S. Monroe St., Suite 505, Tallahassee, FL 32301
3. The mailing a	address (if different): P.O. Box 10909, Tallahassee, FL 32302
4. Date of incor	poration/qualification: 09/01/1992 Document number: N50666
	d street address of the current registered agent and registered office on file with the rtment of State:
	Allen Douglas
	1395 Shotgun Rd. 三点 另
	Sunrise, FL 33326
6. The name and (if changed):	Sunrise, FL 33326 Street address of the new registered agent (if changed) and /or registered office
	Warren Husband
	215 S. Monroe St., Suite 505
	(PO Box NOT acceptable) Tallahassee, FL 32302
Such change we authorized by t	as of its registered office and the street address of the business office of its registered agent, be identical. as authorized by resolution duly adopted by its board of directors or by an officer so its board, or the corporation has been notified in writing of the change. Total Printed or typed name and title) the appointment as registered agent and agree to act in this capacity.
I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
- G/au	gradure of Registered Agent) O 1 3 1 200 6 (Date)
If signing on be	half of an entity:
<u>T)</u>	yped or Printed Name)
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)