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From:

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## REGISTERED AGENT CHANGE TOLLEFSON DEVELOPMENT OF FLORIDA, INC.

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of FL to change its registered office or registered agent, or both, in the State of Flo	ORIDA	_
1. The name of th	ne corporation: TOLLEFSON DEVELOPMENT OF FLORID	DA, INC.	
	office address: 20520 KEOKUK AVENUE, SUITE 200 E, MN 55044-6084		
3. The mailing ac	ddress (if different):		<u></u>
4. Date of incorp	oration/qualification: 04/30/2001 Document number: P0	10000437	<u>'10</u>
	street address of the current registered agent and registered office on file with unent of State: (If resigned, enter resigned)	the	
	UCC FILING & SEARCH SERVICES, INC.		5
	1574 VILLAGE SQUARE BLVD, 100		## ## ## ## ## ## ## ## ## ## ## ## ##
	TALLAHASSEE, FL 32301 US	多	= =
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	STATE	AH 9: 51
	INCORPORATING SERVICES, LTD.		
	1540 GLENWAY DRIVE		
	TALLAHASSEE, FL 32301 US		
The street address as changed will	es of its registered office and the street address of the business office of its	registered a	gent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an o e board; or the corporation has been notified in writing of the change.	fficer so	
Signature	CARL R. TOLLEFSON. Pl	RESIDEN	<u>T_</u>
Lhereby accept to further agree to of my duties, and document is being	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and comp I I am familiar with and accept the obligation of my position as registered by filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.		
Meliz	prure of Registeres Agen Date		<b></b>
If signing on bel	nalf of an entity:		
Melissa &	Murry, Assistant Secretary ped or Printed Name		

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

\* \* \* FILING FEE: \$35.00 \* \* \*