P16444

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(City/State/Zip/Phone #)
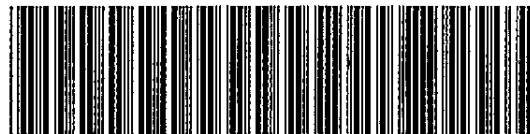
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_____
(Business Entity Name)

_____
(Document Number)

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DREWRY SIMMONS VORNEHM, LLP

ATTORNEYS

Y

8888 Keystone Crossing, Suite 1200 • Indianapolis, Indiana 46240 • (317) 580-4848 telephone • (317) 580-4855 facsimile • www.drewrysimmons.com

Tammy S. Koch
tkoch@drewrysimmons.com

March 13, 2006

Via Overnight Courier

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Custom Facilities, Inc.

Dear Sir or Madam:

Enclosed please find an original and one copy of a Cover Letter and a Statement of Change of Registered Office or Registered Agent or Both for Corporations for filing with your office. Also enclosed is our firm check in the amount of $35.00 for the filing fee.

I have also enclosed is a self-addressed, stamped envelope for the return of a file-stamped copy to me. Thank you for your assistance in this matter.

Very truly yours,

DREWRY SIMMONS VORNEHM, LLP

Tammy S. Koch

dlr
Enclosures

COVER LETTER

TO: Amendment Section
        Division of Corporations

SUBJECT: **Custom Facilities Inc.**
<div align="center">(Name of Corporation)</div>

DOCUMENT NUMBER: **P16444**

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:

<div align="center">

Tammy S. Koch

(Name of Contact Person)

Drewry Simmons Vornehm, LLP

(Firm/Company)

8888 Keystone Crossing, Suite 1200

(Address)

Indianapolis, IN 46240

(City/State and Zip Code)

</div>

For further information concerning this matter, please call:

Tammy S. Koch   at (**317**) **580-4848**
(Name of Contact Person)   (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street 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

CR2E045 (8/05)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Indiana *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Custom Facilities Inc.

2. The principal office address: 6296 Rucker Road, Suite C, Indianapolis, IN 46220

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 10/20/1987   Document number: P16444

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

    Wayne Smith

    9161 North Abbot Drive

    Citrus Springs, FL 34434

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

    CT Corporation System

    1200 South Pine Island Road
    (P.O. Box NOT acceptable)

    Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____   Rodney DeRoy, President
(Signature of an officer or director)   (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

_____   3/7/2006
(Signature of Registered Agent)   (Date)

If signing on behalf of an entity:

Robert S. Lane
Assistant Secretary
(Typed 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)