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REGISTERED AGENT CHANGE

CAPITOL CONSTRUCTION SERVICES, INC.

RECEIVED

2009 JUL 13 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: CAPITOL CONSTRUCTION SERVICES, INC.
2. The principal office address: 10412 Allisonville Road, Suite 100, Fishers, IN 46038
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/14/2005 Document number: F05000000433
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI SERVICES, INC

2731 EXECUTIVE PARK DRIVE, SUITE 4

WESTON, FL 33331

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

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 32301

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.

Jon Robinson
(Signature of an officer, chairman or vice chairman of the board)

Jon Robinson, President

(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.

Mark Williams
(Signature of Registered Agent)

6/29/09
(Date)

If signing on behalf of an entity:

Mark Williams

(Typed or Printed Name)

AVP

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Tax Audit # H090051611923