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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-1000

Fax Number : (850) 558-1515

**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please

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REGISTERED AGENT CHANGE CAMBRIDGE CONSTRUCTORS, INC.

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B. CONTROLL MAY 1 1 2010

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or regist	ized under the laws of the State of $\overline{ ext{Te}}$	nnessee		
1. The name of t	the corporation: CAMBRIDGE CONS	STRUCTORS, INC.			
	office address: 109 Lyon Street, McM				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: July 27, 2005	Document number: F05000004	1334		
	i street address of the current registered a timent of State:	gent and registered office on file with t	he		
	C T Corporation System				
	1200 South Pine Island Road				
	Plantation, FL 33324		3SE	10	
6. The name and (if changed):	I street address of the new registered agei	nt (if changed) and /or registered office	CRETA	MAY II	COLUMN TO SERVICE STATE OF THE
	Corporation Service Company		35 Y	3 ₹	? (***
•	1201 Hays Street		T C	99	C
	(P.O. Box NOT acceptable)		37	<u></u>	-
	Tallahassee, FL 32301		57	4	
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its r	egistered	agent,	
Such change was authorized by the	as authorized by resolution duly adopte the board of the corporation has been no	d by its board of directors or by an of stified in writing of the change.	ficer so		
	15	John Elliott, President			
	he of an officer or director)	(Printed or typed name and little	•		
I hereby accept I further agree to of my duties, an document is bei corporation has Corporatio	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl nog filed merely to reflect a change in th t been notified in writing of this change on Service Company	d agree to act in this capacity utes relative to the proper and compl igation of my position as registered a e registered office address, I hereby o	ete perfor gent. Or confirm th	rmance if this hat the	!
By: J	gnature of Registered Agent)	May 10, 20	10		
If signing on be	half of an entity:				
	y, Assistant VP				
ry	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)