Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0380

Account Name : TRIAD PROFESSIONAL SERVICES, LLC

Account Number: I20020000094

Phone : (770)777-2091

Fax Number

: (770)220-1943

REGISTERED AGENT CHANGE

WK INDUSTRIAL SERVICES CORP.

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T. Rebots FFR 1 3 2007

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

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1 hange is submitted for a corporation organized under the laws o		his
	der to change its registered office or registered agent, or both, in		
1. The name o	of the corporation: WK Industrial Services Corp.		,
	al office address: 5910 Shiloh Rd East, Suite 103		
	n, FL 33324		
3. The mailing	g address (if different):	,	
4. Date of inco	exporation/qualification: 3/25/1999 Document num	ber: F0200000422	20 .
5. The name a	nd street address of the current registered agent and registered of sartment of State:		
•	CT Corporation System	· ·	TAS 28
	1200 South Pine Island Road		ECRE A
	Plantation, FL 33324		2007 FEB 13 SECRETARY ALLAHASSE
6. The name at (if changed)	nd street address of the new registered agent (if changed) and /or	r registered office	FEB 13 PM 3: 23 RETARY OF STATE AHASSEE, FLORIDA
	NRAI Services, Inc.): 23 ATE ORIO
	2731 Executive Park Drive, Suite 4		Σ
	(P.O. Box NOT acceptable)		
	Weston, FL 33331		
The street add	lress of its registered office and the street address of the busine ill be identical.	ess office of its register	red agent,
Such change vauthorized by	was authorized by resolution duly adopted by its board of dire the board, or the corporation has been notified in writing of the	ctors or by an officer s he change.	٥
<u> </u>	A James Wilkin	rs, Vice President	
I hereby accel I further agree of my duties, a document is b corporation h	pt the appointment as registered agent and agree to act in this e to comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligation of my positio teing filed merely to reflect a change in the registered office a as been notified in writing of this change.	• • • • • • • • • • • • • • • • • • • •	rformance Or, if this m that the
		7/2007	
	Signature of Registered Agent)	(Date)	
If signing on l	behalf of an entity:		
Jennifer N			
	(Typest 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)