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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE**THE PBSJ FOUNDATION, INC.**

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11-10-08

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

Pursuant to the provisions of section 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: THE PESI FOUNDATION, INC.
2. The principal office address: 5300 W. Cypress Street, Suite 200
Tampa FL 33607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1/31/2006 Document Number: N06000001043
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SCHAEFER, BECKY S
5300 WEST CYPRESS STREET, STE 200
TAMPA FL 33607-1747
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Benjamin P. Butterfield
5300 W. CYPRESS ST, STE 200
(P.O. Box Not acceptable)
TAMPA FL 33607

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.

[Signature]
(Signature of an officer or director)

Angela Howard as atty in fact
(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

[Signature]
(Signature of Registered Agent)

A Howard as atty in fact

11/5/08

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

Corporate Creations International Inc.
11380 Prosperity Farms Road #221E
Palm Beach Gardens FL 33410
(561) 694-8107