## F040000007181

| (Requestor's Name)      |   |      |  |  |  |
|-------------------------|---|------|--|--|--|
|                         |   |      |  |  |  |
| (Address)               |   |      |  |  |  |
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|                         |   |      |  |  |  |
| (Cit                    | ty/State/Zip/Phon                       | e #) |  |  |  |
| PICK-UP                 | ☐ WAIT                                  | MAIL |  |  |  |
|                         |   |      |  |  |  |
| (Bu                     | siness Entity Nar                       | ne)  |  |  |  |
| ·                       | •                                       | ·    |  |  |  |
|                         | cument Number)                          |      |  |  |  |
| (DC)                    | cument Number)                          |      |  |  |  |
|                         |   |      |  |  |  |
| Certified Copies        | Certified Copies Certificates of Status |      |  |  |  |
|                         |   |      |  |  |  |
| Special Instructions to | Filing Officer:                         |      |  |  |  |
| -,                      | <b>g</b>                                |      |  |  |  |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIE

JUN 19 PM 3: 20

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OFFICE CHEPORATIONS
OFFICE CHEPORATIONS

A. Chard

C. Coulliette JUN 1 9 2006



| OR SERVICE COMPANY. |                  |   |                 |          |
|---------------------|------------------|---|-----------------|----------|
|                     | ACCOUNT NO.      | :   | 072100000032    |          |
|                     | REFERENCE        | :   | 174909 4319387  |          |
|                     | AUTHORIZATION    | :   | quisolena.      | <b>,</b> |
|                     | COST LIMIT       | :   | \$ 35.00        |          |
| ORDER DATE :        | June 13, 2006    |   |                 |          |
| ORDER TIME :        | 9:26 AM          |   |                 |          |
| ORDER NO. :         | 174809-065       |   |                 |          |
| CUSTOMER NO:        | 4319387          |   |                 |          |
|                     |                  |   |                 |          |
|                     | CHANGE OF A      | GEN'  | <u>r</u>        |          |
|                     |                  |   |                 |          |
| NAME •              | FLUOR FEDERAL    | SE  | OVICES INC      |          |
| TVI MAILI .         | THOUR THOUSAN    | <u>, , , , , , , , , , , , , , , , , , , </u> | evicino, inc.   |          |
|                     |                  |   |                 |          |
| PLEASE RETURN       | THE FOLLOWING AS | PR  | OOF OF FILING:  |          |
| CERTIF PLAIN        |                  |   |                 |          |
| CONTACT PERSON      | : Heather Chapma | an  |                 |          |
|                     |                  |   | NER'S INITIALS: |          |
|                     |                  |   |                 |          |

## $\cdot$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha   | ange is submitted for a corporation   | 17.0502, 607.1508, or 617.1508, Florida .<br>n organized under the laws of the State of _<br>r registered agent, or both, in the State of F   | Washington  |
|--|---|---|---|
| ·  | the corporation: FLUOR FEDERAL  | ,   |   |
|  | office address: 6700 Las Colinas E  |   |   |
| 3. The mailing a   | address (if different):   |   |   |
| 4. Date of incorp  | poration/qualification: December 1  | 15, 2004 Document number: F040000   | )07181  |
| 5. The name and  |   | tered agent and registered office on file wi  | ith the   |
|  | NRAI Services, Inc.   |   |   |
|  | 2731 Executive Park Drive, Suite 4  |   | _   |
|  | Weston, FL 33331  |   | <del>-</del>  |
| 6. The name and (if changed):  | d street address of the new registere   | ed agent (if changed) and /or registered off  |   |
|  | Corporation Service Company   |   | FILI<br>2006 JUN 19<br>SECRETARY<br>ALLAHASSE                     |
|  | 1201 Hays Street  |   | FILI<br>(19<br>(ARY<br>ASSE                                       |
|  | (P.O. Box NOT ac  | :ceptable)  | - P   |
|  | Tallahassee, FL 32301   |   | - ლ <u>ა</u>  |
| The street addre<br>as changed will  | ess of its registered office and the be identical.  | street address of the business office of it   | ts registered Ment,   |
| Such change wa<br>authorized by th   | as authorized by resolution duly a<br>ne board, or the corporation has be   | adopted by its board of directors or by an een notified in writing of the change.   | officer so  |
| Signatu  | ure of an officer or director)  | Maureen Cullen, Attorney In Fact (Printed or typed name and   | title)  |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is beil<br>corporation has | the appointment as registered ag<br>to comply with the provisions of a<br>d I am familiar with and accept th<br>ng filed merely to reflect a chang<br>s been notified in writing of this ci | ent and agree to act in this capacity.<br>ill statutes relative to the proper and con<br>the obligation of my position as registere<br>te in the registered office address, I herel<br>hange. | nplete performance<br>d agent. Or, if this<br>by confirm that the |
| By // U  | Service Company  LLL R JOHNUZ  gnature of Registered Agent)   | June 14   |   |
| If signing on be   | half of an entity:  |   |   |
| Michelle R. Vani   | noy, Asst. Vice President   |   |   |
| (T   | Typed or Printed Name)  |   |   |

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

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