

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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Account Name : CORPDIRECT AGENTS, INC.

Account Number : 110450000714

Phone ; (850)222-1173

Fax Number

: (850)224-1640

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REGISTERED AGENT CHANGE DHI WATER & ENVIRONMENT, INC.

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H110001584833

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

statement of char	provisions of sections 607.0502, 617.0502, 6 age is submitted for a corporation organized	l under the laws of the Sta	te of	his Dregon
in order to chang 1. The name of the	•	r boin, in the side of Pior nvironment, Inc.		
2. The principal of	office address:			
100 Seco	ond Ave., South Suite 302 N.	St. Petersburg	FL	33701
3. The mailing o	idress (if different):	•		
319 SW	Washington St. Suite 614	Portland	OR	97204
4. Date of incorp	oration/qualification: 07/12/2006	_ Document number:	F080000	004674
5. The name and Florida Depart	street address of the current registered agenument of State:	t and registered office on t	file with the	
	C T Corporat	ion System		-
1200 South Pine Island Road				
	Plantation	FL 3	3324	
6. The name and (if changed):	street address of the new registered agent (i	f changed) and /or register	red office	OII JUN IL A SECRETARY O
	National Corporate i	Research, Ltd., Inc.		AN IO: 41
	515 East Park Avenue			
	(P.O. Best NOT	•		-
	Tallahassee		32301	-
The street addre	ss of its registered office and the street add be identical.	dress of the business offic	ce of its registe	red agent,
_	is authorized by resolution duly adopted by se board, or the corporation has been notifi			
1 int	my Hartest	_	_	President
(S I hereby occept I further agree I of my duties, an document is bel	ignate of an officer of finetiar) the oppointment as registered agent and a o comply with the provisions of all statute of and familiar with and accept the obliga ng filed merely to reflect a change in the been notified in writing of this change.	(Printed S relative to the proper a silion of my position as rej egistered office address.	or typed name and t ity, ind complete pr gistered agent. I hereby confir	itte) erformance Or, if this m that the
Korl	Signature of Residence Accent)		6/14/	
If signing on be	Kathy A. Buder, As half of an entity:	SL 58C	•	
Nations	Il Corporate Research, LTD. (Typed or Printed Name)			
	* * * FILING F	•		
	MAKE CHECKS PAYABLE TO FL MAIL TO: DIVISION OF CORPORATIONS, F			14

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