## F0800001868

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TILED 2009 MAY -8 PH 12: 4 SECRETARY OF STATE

ADR 5/8/09



REFERENCE: 978792 4810346

AUTHORIZATION

COST LIMIT

ORDER DATE: May 1, 2009

ORDER TIME : 9:16 AM

ORDER NO. : 978792-023

CUSTOMER NO: 4810346

## CHANGE OF AGENT

ENVIROPOWER, INC. (TRUE NAME) (QUALITY BULK LOGISTICS, INC.) NAME:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

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

statement of cha	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware egistered agent, or both, in the State of Florida.
1. The name of	the corporation: QUALITY BU	JLK LOGISTICS, INC.
2. The principal	office address: k Oaks Boulevard, Tampa,	
4. Date of incor	poration/qualification: 04/25/20	08
	d street address of the current registertment of State:	red agent and registered office on file with the
	C T Corporation System	
	1200 South Pine Island Ro	oad 2
	Plantation, FL 33324	SECRET ALLA
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Corporation Service Comp	pany FS R
	1201 Hays Street	DATE F
	(P.O. Box NOT acco	eptable)
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the slbe identical.	treet address of the business office of its registered agent,
Such change was authorized by the state of t	as authorized by resolution duly ad he board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
May	ure of an officer or director)	Maureen Cullen, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange.
By:	tion Service Company	05/06/2009
	gnature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
Elizabeth A	Dawson Asst Vice President	ient .

\* \* \* 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)

(Typed or Printed Name)