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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 Phone : (800)345-4647 Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

		7
Email	ddress:	

## REGISTERED AGENT CHANGE OPTERRA ENERGY SERVICES, INC.

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APR 1 3 2017

T. LEMIEUX

4/12/2017

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

Pursuant to the	provisions of sections 607.0502,	617.0502, 607.15	08, or 617.1508, Florida Statu	Hes, this		
-	ange is mbmitted for a corporatio				<b>ξ</b> Ε	
In ord	er to change its registered office a	er registered agent	t, or both, in the State of Flori	da.		
	the corporation: OPTERRA					
•	l office address: <u>12980 Foster</u>	DIIVE, SIG. 4	<u> </u>			
	Park, KS 66213					
	address (if different): 1451 W. lerdale, FL 33309	Cypress Cree	k Road, Ste. 300			
	poration/qualification: 5/13/2	014 Pa	F140000	002108		
	d street address of the current regi rtment of State: (If resigned, enter		regustered cilice on file with the	)e		
	Corporation Service Con	npany				
	1201 Hays Street					
	Street Address		00000			
	Tallahassee	FL State	33309			
6. The name an (if changed):	d street address of the new registe	red agent (if chan	ged) and /or registered office			
	Capitol Corporate Service	es, Inc.				
			······································			
	155 Office Plaza Drive, S	Hox NUT secreptable				
	Tallahassee	FL	32301			
TTD	Die	Sinis	Zie Code	:		
as changed wil	ess of its registered office and the l be identical.	D SELECTOR SCHOOLS CH	t the culturess office of its reg	natorog agon	4	
Such change w	as authorized by resolution duly he board, or the corporation has l	adopted by its borbeen notified in v	and of directors or by an offic	GT \$0		
	1/4		There Con would			
51434	neto of the nemonal-for eleventer.		Printed or typed name and title			
I hereby accept I further agree performance of	i the appointment as registered a to comply with the provisions of my duties, and I am familiar vil its document is being filed merely that the carporation has been ne	gent and agree to all statutes relati in and goospt the	act in this capacity. ye to the proper and complete obligation of my position as t	E.C.	2	
hereby confirm	that the corporation has been no	rified in writing	of this change.	<b>***</b>	1: 	
10uas	rice Case	_ 4	-12-17	_ <del>X</del>	APR -	-
If signing on be	chalf of an entity:			. 333 0. 73	12 ,	m
Delanie Cas	<b>A</b> ≡					
	••	NG FEE: \$35.00	A A A	33	Ċī	
M CR2E045 (03/12)	MAKE CHECKS PAYABLE [AIL TO: DIVISION OF CORPORATI	to Florida Dep ons, P.O. Box 63	artment of State 327, Tallahassee, FL 32314	100		•