

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number

FCA000000023 (850) 222-1092

Phone

Fax Number

(850) 879-5926

REGISTERED AGENT CHANGE

GEOVEST ENERGY, INC.

Certificate of Status	. 0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

	o the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	y .
_	of change is submitted for a corporation organised under the laws of the State of Florida order to change its registered office or registered agent, or both, in the State of Florida	
	ormal to change its registered office or registered tigers, or both, in the state of froctact	
1. The name	e of the corporation; GEOVEST ENERGY, INC.	
2. The princ	cipal office address: 880 CARILLON PARKWAY	
bo box	14073, ST PETERSBURG FL 33733	
3. The maili	ling address (if different):	<u></u>
4. Date of in	ncorporation/qualification: 01/09/1981 Document number: P14265	
	e and street address of the current registered agent and registered office on file with the Department of State:	
	MATECKI, PAUL L	
	880 CARILLON PARKWAY	OB MAY
	ST. PETERSBURG FL 33716	平.
6. The name (if change		5 PH 2:
	C T Corporation System	<u>ن</u> <u>د</u>
	c/o C T Corporation System, 1200 South Pine Island Road	لنہ
	(P.O. Box NOT screptsbio)	
	Plantation, Florida 33324	
	address of its registered office and the street address of the business office of its registered will be identical. The was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.	agent,
	ignation of an officer of alreador) Paul L. Matecki, Secreta	RV
thereby acc further agr of my duties document is corporation	cept the appointment as registered agent and agree to act in this capacity, ree to comply with the provisions of all statutes relative to the proper and complete perfor, and I am familiar with and accept the obligation of my position as registered agent. On the proper and complete performing filed merely to reflect a change in the registered office address, I hereby confirm to the properties of the properties of this change. 10 The confirmination of this change.	
f signing o	Antholog & icausi	
	Vice President	
	(Typed or Printed Name)	
	* * * Piling Pee: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CRZE045 (8/05)

FLUCE - 09/14/2005 C 1' System Calling