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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, |
|--|
| the undersigned corporation organized under the laws of the State of Alana Marie a |
| submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Bonano Environ mental Technical |
| Associates 10 Confe |
| 2. The mailing address of the corporation: Alberto A. León |
| 444 BrickELL Ave; Suite 300, MIAMI, FL 33131 |
| 3. Date of incorporation/qualification: 6/27/95 Document number: F95000003102 |
| 4. The name and address of the current registered agent and office: |
| Alberto A. León, Esq. |
| 888 BrickEll Ave., 5th Floor |
| |
| 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): |
| (P. O. Box Not Acceptable) |
| Alberto A. LEON, Esq. |
| 444 BrickELL Ave., Suite 300 |
| Miami, FL 33131 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. |
| Mis Gran 9/11/01 |
| (Signature of an officer, chairman or vice chairman of the board) (Date) |
| Evaristo J. Bonano, President |
| Having been named as registered arount and to goom to see the |
| Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as |
| performance of my dulies, and I am familiar with and accept the obligation of my position as |
| N O Comment of the co |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| (Typed or Printed Name) (Conscitu) |
| (Capacity) |
| * * * FILING FEE: \$35.00 * * * |

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