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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000086

Phone : (561)508-5033 Fax Number : (561)694-1639

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## REGISTERED AGENT CHANGE FOSTER WHEELER ZACK, INC.

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

statement of chang	e is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this rized under the laws of the State of Delaware ered agent, or both, in the State of Florida.	
1. The name of the	corporation: Foster Wheeler 2	Zack, Inc.	
		ROAD ATTN: TAX DEPARTMENT	
HAMPTO	N, NJ 08827-9000		-
<del>-</del>	ress (if different): 53 FRONTAG DN, NJ 08827-9000	SE ROAD ATTN: TAX DEPARTME	NT
4. Date of incorpor	ation/qualification: 12/05/1995	Document number: F95000005918	
	reet address of the current registered agent of State: (If resigned, enter resigned	gent and registered office on file with the	
C	T CORPORATION SYST	TEM §	5018
1:	200 SOUTH PINE ISLAN	D ROAD	833
Р	LANTATION, FL 33324		19
(if changed):	reet address of the new registered agen	et (if changed) and /or registered office	44: H
		201 E	
	1380 Prosperity Farms Ro	<del></del>	
P	alm Beach Gardens, FL 3	33410	
as changed will be	identical.	oddress of the business office of its registered agent	***
authorized by the b	oard, or the corporation has been noti	by its board of directors or by an officer so ified in writing of the change.	
Signature of	an officer or affector	By: Danielle Gossman, Attorney-in-Fact	
I hereby accept the I further agree to co performance of my agent. Or, if this di hereby confirm tha	appointment as registered agent and omply with the provisions of all statut duties, and I am familiar with and accument is being filed merely to reflect the Corporation has been notified in	agree to act in this capacity, tes relative to the proper and complete cept the obligation of my position as registered ct a change in the registered office address, I writing of this change.	
((	e of Registered Agent	02/19/2018	
f signing on behalf		Date	
	nan, Special Secretary		
	or Printed Name		
* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAULAHASSEE, FL 32314 CR2E045 (03/12)