CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

W.P. Verifier_

800002869088--3 -05/10/99--01068--017 *****35.00 *****35.00

| CORPORATION(S) NAME | | *****35.00 | ***** | 35.00 |
|--|--|--|---|-------|
| | | RA | - - | |
| Port St. Lucie Resources, | Inc. | (hau | 99 MM | - |
| | | ASSE SE | 10 A | |
| () Profit () Nonprofit | () Amendment | () Merger | SI VIE 11: 50 | |
| () Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark | 7 8 | |
| () Limited Partnership () LLC | () Annual Report () Name Registration () Fictitious Name | () Other (x) Change of RA () UCC | | |
| () Certified Copy | () Photocopies | ()CUS | _ | |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up | _ | |
| Name Availability Document ExaminerUpdater | 05/10/99 | 99 MAY 10 A | 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - | |
| VerifierAcknowledgement | en de la companya de | CF CO. | 2 ± 5 2 ± 5 | |

Florida Department of State, Jim Smith, Secretary of State

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. Florida Statutes, the undersigned corporation organized under the laws of the Delaware submits the following statement in order to change its registe | State of | |
|--|---|-------------|
| or registered agent, or both, in the State of Florida. | rea onice | |
| 1a. The name of the corporation is: Port St. Lucie Resources, Inc. | | |
| • | <u> </u> | |
| 1b. Date of incorporation September 18, 1997. Document number F9 to | 000004874 | - |
| 2. The name and address of the current registered agent and office: | MY IO | 7 = 7 |
| | | 3 |
| 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM | 50 | |
| c/o C T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Fl | orida 3332 | . 4 |
| The street address of its registered agent and the street address of the busines of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of director an officer so authorized by the board. SIGNATURE SIGNATURE Domenic Bornello Type or printed name and title DATE | ors or by | _ =- |
| HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVIC PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGIST AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO C WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AIPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACTHE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: COUCH WITH THE PROPERTY OF THE | IGNATED ERED OMPLY ND COM- CEPT | - |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 3 | 32314 | |

Filing Fee: \$35.00

(FLA. - 2194 - 3/4/92)

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