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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: NES OVERSEAS (Name of Limit	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
KEITH HESLIN (Name of Person)	
NES OVERSEAS USA LLC (Firm/Company)	O7 JUN-7 AMIO: 39 195
3501 QUADRANGLE BLVD,	# 195
ORLANDO, FL 32817 (City/State and Zip Code)	<u> </u>
For further information concerning this matter, pl	lease call:
SANDRA PREVETT at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: NES OVERSEAS USA LLC		
2. The mailing address of the limited liability company is: 3501 QUADRANGLE BLVD		
SUITE 195, DRLANDO, FL 32817		
JUNE 15 2000 3. Date of filing/registration in Florida LODO0007074 4. Document number		
3. Date of filing/registration in Florida 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
ANDREW ROWLANDS Name 1155 SOUTH SEMORAN BLUD Address Winter Park FL 32792 City, State and Zip ANDREW ROWLANDS Name 1155 SOUTH SEMORAN BLUD Address Winter Park FL 32792		
Name		
1155 SOUTH SEMORAN BLUD 0 3		
Address		
WINTER PARK FL 32792 & A		
City, State and Zip		
Address Winter Park FL 32792 City, State and Zip 6. The name and address of the new registered agent and/or office: KEITH HESLIN Name 300 DIADCON (CITY OF PRINCE)		
KEITH HESLIN		
Name 39 575		
3501 BONDIONNALE ISCOD IN TO		
Florida street address (P.O. Box NOT acceptable)		
ORLANDO FL 32817		
City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operation agreement of the limited liability company.		

member or authorized representative of a member)

KEITH <u>HESLIN</u> (Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby don't mutting of this change.

ature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**