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COVER LETTER

TO: Registration Section Division of Corporations BE Pressure (SE USA), LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Friesen, CFO Name of Person BE Group Firm/Company PO Box 721 Address Sumas, Washington 98295 City/State and Zip Code kfriesen@begroup.ca E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Friesen Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

\$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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.

age, or com, mine arms by a recommen		
1. Name of the limited liability company: BE Pressure (SE	USA), LLC	
2. (a) Principal office address of limited liability com-	nany: 1807 Old Okeachohee Road	•
(Note: MUST BE STREET ADDRESS)	West Palm Beach, Florida	
(Mole: Most DE STREET MOSTESS)	33409	
		= =
(b) Mailing address of limited liability company:	PO Box 721	78 Ta 13
(Note: MAY BE POST OFFICE BOX)	Sumas, Washington	· 35 Z
	98295	
		20
August 26, 1997	.L9700000941	
3. Date of filing/registration in Florida	4. Document number	79 3
5. (a) Registered Agent and Registered Office shown	on the records of the Florida	7 - 2-1
m 1		57 5
Registered Agent:	Goldstein Lapayowker, LLP	
Desistand Office Address	2700 North Military Trail,	
Registered Office Address:	Suite 130	<u> </u>
	Boca Raton, Florida 33431	* * * * * * * * * * * * * * * * * * * *
NEW Registered Agent:	Jeffrey M. Garber, Esq.	,
NEW Registered Office Address:	Ciklin Lubitz Martens & O'Connell	
(MUST BE FLORIDA STREET ADDRESS)	515 North Flagler Drive, 20th Floor	
	West Palm Beach	,FL 33401
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be iliability company, it is hereby confirmed that the chang the members of the limited liability company or as other the operating agreement of the limited liability company.	ne Florida street address of the dentical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article	ne registered office Florida limited
Signature of a member or authorized representative of a member		
Nick Brober Printed or typed name of signee		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F/S! Or if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capac e proper and complete perfo y position as registered age o merely reflect a change in pany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
Signature of Registered Agent		
Division of Corporations, P.O. Bo FILING FE		2314