CT CO PORATION SYSTEM 0000205

July 20, 2001

Secretary Of State Corporate Records Bureau Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: H & M Mechanical, Inc., et al

Dear Madam/Sir:

ATLAS ACCURATE HOLDENAY As requested by counsel, we enclose for filing change of registered agents on behalf of the above named corporations, together with the funds in payment of the required fees. This should be filed upon receipt.

Evidence of the filings should be returned to the undersigned via mail using the enclosed SASE.

If you have any questions or if for any reason the filing cannot be effected, please notify this office of the details by calling our toll-free number: 800-324-0754.

Very muly yours,

Jennifer Sinski Customer Specialist

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Enclosure(s)

1021 Main Street, Suite 1150 Houston, TX 77002 Tel. 713 658 9486 Fax 713 658 9720

07/30/01-01117-015 ******25 00

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:	Atlas-Accurate Holdings, L.L.C.
2. The mailing address of the limited liability company is: 777 Post Oak Blvd, Suite 500, Houston TX 77056.	
8/3/99	М99000001205
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown on the records of the
Corporation Service Compa	any
	Name
1201 Hayes St	
A	Address $\sum_{i=1}^{n} S_{i}$
Tallahassee, FL 32301	
City, S	State and Zip
6. The name and address of the new registered age	State and Zip ent and/or office: State and Zip ent and/or office: State and Zip and
C T Corporation System	
	ame G
1200 South Pine Island Road	
Florida street address	(P.O. Box NOT acceptable)
Plantation	FL 33324
City, St	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the	de, the Florida street address of the registered office le identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of s otherwise provided in the articles of organization or mpany.
(organismo of a primore of a superior s	,
J. Sinski, Secretary (Printed or typed name of signee)	
comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being finddress, I hereby confirm that the limited Hability CT Corporation System	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in the idea of the registered office company has been notified in writing of this change.
(Signature of Registere d Agent)	
Division of Corporations, P.C	D. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)