P00000058094

CFRA, LLC

Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS: P. O. BOX 3239 TAMPA, FLORIDA 33601-3239 TEL (813) 223-7000 FAX (813) 229-4133

August 29, 2002

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent Statement of Change

200007473762--6 -09/03/02--01051--015 *****35.00 *****35.00

Gentlemen:

Please find enclosed a statement of change for the registered agent of Nextek Solutions of Tampa, Inc. Also enclosed is its Check No. 30085 in the amount of \$35.00 for the filing fee.

Very truly yours,

Joyce F. Bentubo

Administrative Assistant

jfb Enclosures



se racky

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 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORT A 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 corporation: NEXTEK SOLUTIONS OF TAMPA, INC.
2. The mailing address of the corporation: 89/3 REGENTS PARK DRIVE 5W 680
TAMPA FL 33 647 3. Date of incorporation/qualification: 6 14 00 Document number: P00000 5809
4. The name and address of the current registered agent and office:
Leslie Schultz-Kin
ZOI N. Franklin St, Ste 2200
Tanpa FL 3360Z
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
CFRA, LLC
One Harbour P1, 777 5. Harbour Isl Blud, Ste 500 Tampa FL 33602
Tampa FL 33602
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Signature of the officer chairman or vice chairman of the board) (Signature of the officer chairman or vice chairman of the board)
(Signature of arrofficer, chairman or vice chairman of the board) (Date)
BLAIF KIN (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 Nam familiar with and accept the obligation of my position as
registered agent 8/29/02 FE
(Signature of Registered Agent) (Date)
If signing on behalf of arrentity:
Tefer (Violers Vice President (Capacity)
* * * FILING FEE: \$35.00 * * *
Se 5
CR2E045(9/00) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314