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CORPORATION NAME(S) &	DOCUMENT NUMBER(S), (if	H 1
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Walk in Pick up to Mail out Will wait		☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit	AMENDMENTS Amendment	- · ·
Not for Profit Limited Liability Domestication Other	· · · · · · · · · · · · · · · · · · ·	A., Officer/Director ered Agent drawal
OTHER FILINGS	REGISTRATION/Q	<u>UALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partnersh Reinstatement Trademark Other	ip -
CR2E031(7/97)		Examiner's Initials 7 2

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 Florida Ri DA
submits the following statement in order to change its registered office or registered agent, or both, in
d Grand Critical
1. The name of the corporation: Advanced Utility Resources and Supply, Inc.
2. The mailing address of the corporation: 333 TURKEY CREEK
ALACHUA FLORIDA 32615
3. Date of incorporation/qualification: 10/05/2000 Document number:
4. The name and address of the current registered agent and office:
John Tinque (No Change)
333 TURKEY CrEEK FIG & M.
5. The name and address of the new registered agent (if changed) and/or registered office (if changed);
(P. O. Box Not Acceptable)
John Tinque (No Change)
11721 CREEK Drive
ALACHUA FLORIda 32615
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.
John & Liveus 03/35/02
(Signature of an officer, chairman or vice chairman of the board) (Date)
Sohn A. Tivoue (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 I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: NELL P. TiNGUE (Typed or Printed Name) (Capacity)
(Typed or Printed Name) (Capacity)

CR2E045(9/00)

* * * FILING FEE: \$35.00 * * *