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To:

Division of Corporations

Fax Number

: (850)617-6:80

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000.3

Phone

: (850)222-1:92

Fax Number : (850)878-5:68

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emai 1	l Add	Less:

REGISTERED AGENT CHANGE STS ENGINEERING SERVICES, INC.

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10/18/2011

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COVER LETTER.

	ment Section on of Corporations		
		•	
SUBJECT:	STS Engineering S	iervices, Inc.	
	Name of C	Corporation	
DOCUMENT	NUMBER: PO	00000114267	
The enclosed Se	tatement of Change of Registered Offic	æ/Agent and fao are subm	nitted for filing.
Please return al	l correspondence concerning this matte	er to the following:	
	Mike S	ommers	
	Name of Co	intact Person	····
	STS Engineerie	ng Services, Inc.	
	Firm/C	ompany	 _
	200 N.E. Jense	on Beach Blvd.	
	Ado	lress	
		ch, FL 34957	
	•	nd Zip Code	
	mike.sommers@sts	-	
	E-mail address: (to be used for	luture annual report not	ilication)
For further info	rmation concerning this matter, please	call:	
	C T Corporation System	et / 800	432-3434
	Name of Contact Person	Area Code & Day	432-3434 time Telephone Number
Enclosed is a \$3	5.00 check made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section	Streyt Address Amendment S	<u>s:</u> Section
	Division of Corporations	Div sion of C	Corporations
	P.O. Box 6327	Clifton Build	
	Tallahassee, FL 32314	2661 Executi Tallahassee, 1	ve Center Circle FL 32301

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.050 ange is submitted for a corpora er to change its registered offic	ation organized t	ınder the laws of the	State of Dela	ware
1. The name of	the corporation: STS Engineering	ng Services, Inc.			····
2. The principal	office address: 2000 N.E. Jens	en Beach Blvd.			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 12	2/13/2000	Document number:	POC	0000114267
	d street address of the current re rtment of State: (If resigned, en		and registered office	on file with th	ic .
	NRAI Services Inc.				
	515 East Park Avenue				7
	Tallahassee, Fl. 32301				SECRE SECRE
6. The name and (if changed):	d street address of the new regi	stered agent (if o	hanged) and /or regi	stered office	OCT 18 RETARY A AHASSEE
	C T Corporation System				7
	c/a C T Corporation System, 12				S AI
	Plantation, Florida 33324	PO Box NOTaccep	uible	·	A CO
The street addre	ess of its registered office and be identical.	the street addre	ess of the pusiness o	ffice of its rep	gistered agent,
	as authorized by resolution du he board, or the corporation h				
	re of an officer of director		Finted or typed	name and little	acre
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions ad I am familiar with and acce ing filed merely to reflect a ch s been notified in writing of th	d agent and agr of all statutes r ept the obligatio lange in the reg is change.	ee to act in this cap elative to the prope n of my position as stered office addres	acity. r and complet registered ag is, I hereby co	te performance ent. Or, if this onfirm that the
By: Colland	Corporation System		1014	11	
If signing on be Ba Specia	nature of Registered Agent half of an entity: arbara A. Burke ! Assistant Secretary yped or Printed Name		Dat	e ·	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, l'allahassee, FL 32314
CR2E045 (8/15)

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