

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 205-0380

From:

Account Name : O'BRIEN, RIEMENSCHNEIDER, KANCILIA & LEMONIDIS, P.A.
 Account Number : 105204000476
 Phone : (321) 728-2900
 Fax Number : (321) 728-0002

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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REGISTERED AGENT CHANGE

DURA-STRESS UNDERGROUND, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$43.75

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**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Dura-Stress Underground, Inc.
2. The principal office address: 1686 W. Hibiscus Blvd
Melbourne, Florida 32901
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/02/2002 Document number: P02000072451

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Michael R. Riemenschneider1686 W. Hibiscus BlvdMelbourne, FL 32901

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

James M. O'Brien1686 W. Hibiscus Blvd(P.O. Box NOT acceptable)Melbourne, Florida 32901

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, or the corporation has been notified in writing of the change.

Scott Edwards(Signature of an officer or director)Scott Edwards, President and Director(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature](Signature of Registered Agent)MAY 15 2006(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2B045 (3/05)

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