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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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REGISTERED AGENT CHANGE

UNIVERSAL MECHANICAL SERVICES, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$35.00

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TALLAHASSEE, FLORIDA

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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 ______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: UNIVERSAL MECHANICAL SERVICES, INC.

2. The principal office address: 1490 NE PINE ISLAND ROAD BLDG 5B
CAPE CORAL, FLORIDA 33909

3. The mailing address (if different):

4. Date of incorporation/qualification: 08/17/2006 Document number: P06000110536

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

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

Corporation Service Company
1201 Hays Street
(P.O. Box NOT acceptable)
Tallahassee, FL 32301

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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.

______ (Signature of an officer or director) MERRICK ALPERT VP (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.

Corporation Service Company
By: ______ (Signature of Registered Agent) 5/15/08 (Date)

If signing on behalf of an entity: Jacqueline N. Casper, Assistant VP

______ (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

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