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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368



REGISTERED AGENT CHANGE

WRS INFRASTRUCTURE & ENVIRONMENT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of North Carolina error to change its registered office or registered agent, or both, in the State of Florida.	3 .
1. The name of t	the corporation: WRS Infrastructure & Environment, Inc.	
2. The principal office address: 221 HOBBS STREET, SUITE 108 TAMPA FL 33619 US		
3, The mailing a	address (if different):	
4. Date of incom	poration/qualification: 2/10/1987 Document number: P13202	
 The name and Florida Depar 	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
•	NRAI SERVICES, INC.	00
	2731 EXECUTIVE PARK DRIVE, WESTON/PL/33331	NAM 60
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office C T Corporation System	or sile
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT soccoable)	
	Plantation, Florida 33324	
	ess of its registered office and the street address of the business office of its registered age I be identical.	nt,
	he board, or the corporation has been notified in writing of the change. Kimberly Breunling, Attorney in Fact for Jason Lorentzen, Vice President (Prince or appeter) (Prince or typed name and true)	<u>.</u>
l hereby accupi I further agree of my duties, an document is bei corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provietons of all statutes relative to the proper and complete performand I am familiar with and accept the ubliquiton of my position as registered agent. Or, if sing filed merely to reflect a change in the registered office address, I hereby confirm that is been notified in writing of this change.	nce this the
ву: 20	C T Corporation System 5-5-09 ignature of Registered Agent) (Date)	
	ehalf of an entity: Megan G. Ware	
	Assistant Sucretary	
	* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSLE, FL 32314
CR2E045 (8/05)

PLOOS - 10/Us/2008 C T System Online