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CT CORPORATION SYSTEM

Requestor's Name
660. East Jefferson Street

222-1092

Phone

200002339892--6 -11/06/97--01031--013 *****35.00 ******35.00

CORPORATION(S) NAME

32301

Zip

Impact Engin	cering Ine.	97NOV -6 SECRETAR TALLAHASS
() Profit () NonProfit () Limited Liability Co	() Amendment	PH 3: 12 Y OF STATE SEE FLORIDY () Merger
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CR2E031 (1-89)

Acknowledgment

W.P. Verifier

Verifier

Address

City

Tallahassee, FL

State

DIVISION OF CORPORATION

90:11WA 8- YOU'F

CEVENED

116

John Change



Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 6 Florida Statutes, the undersigned corporation organ FLORIDA submits the following statement in or registered agent, or both, in the State of Florida.	nized under the laws of the order to change its regis	ne State of	
1a. The name of the corporation is: IMPACT ENG	INEERING, INC.		•
1b. Date of incorporation 1/4/93	Document number	P930000	00415
2. The name and address of the current registere		97 NOV- SECRE // TALLAH	
Fort Lauderdale, Fl 33301		SSE	
3. The name and address of the new registered ac (P.O. Box Not Acceptable)		PM 3: 12 OF STAIL E FLORID	
c/o C T CORPORATION SYSTEM, 1200 South Pine	E Island Rd., Plantati	on, Pflorida	33324
	•	rectors or by	· <u>-</u>
HAVING BEEN NAMED AS REGISTERED AGENT PROCESS FOR THE ABOVE STATED CORPORA IN THIS CERTIFICATE, I HEREBY ACCEPT THE AGENT AND AGREE TO ACT IN THIS CAPACITY WITH THE PROVISIONS OF ALL STATUTES RELPLETE PERFORMANCE OF MY DUTIES, AND I ATTHE OBLIGATION OF MY POSITION AS REGIST EDWARD GWISDALLA Assistant Vice President SIGNATURE DATE	TION AT THE PLACE DE APPOINTMENT AS REG YOU INTERNOUS AS REGY OF THE PROPER AM FAMILIAR WITH AND ERED AGENT.	ESIGNATED ISTERED D COMPLY AND COM- ACCEPT SYSTEM	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$35.00

CR2E045 (7-91)