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Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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.
1. The name of the corporation: THE PERPER ENGINEERING GROUP, INC.
2. The principal office address: 6/35 NW 165 STREET, SUITE E-26
MDAME FL 33015
3. The mailing address (if different): Po Bo×
WESTON FL 33326
4. Date of incorporation/qualification: 63 11 1993 Document number: 9930000 19878
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) To HAP PERPERC
6135 NW 167 STREET, SUITE E-26
6135 NW 167 STREET, SUITE E-26 MANT, FL 33015
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): GREGURY S. G135 MW 167 STARFT, SWITT G-26 P.O. Box NOT acceptable MONTH PL 33015
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.
Suprative of an officer or director Suprative of an officer or director Printed or gyped 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. 4/4/20/3 Bighature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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