

Florida Department of State

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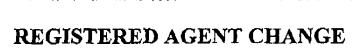
: MACFARLANE PERGUSON & MCMULLEN

: (813)273-4304

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VOLENEC TECHNICAL SERVICES GROUP, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the	limited liability company: Volene	c Technical Services Group, Inc.
2. (a) Principal (<i>Note:</i>	office address of limited liability co MUST BE STREET ADDRESS)	ompany: 112 South 12th Street, Suite D
(b) Mailing (Note:	address of limited liability company MAY BE POST OFFICE BOX)	112 South 12th Street, Suite D Tampa, Florida 33602
	12, 1993 Vregistration in Florida	P93000026725 4. Document number
	•	and the second of the Plant of Chance
	ed Agent:	wn on the records of the Florida Dept. of State: Stephen H. Reynolds
Register	ed Office Address:	111 Madison Street 23rdeFloor Tampa, Florida 33602
(b) Enter no	mo of NEW Dogistared Agent and	or <u>NEW Registered Office address</u> :
	egistered Agent:	Stephen H. Reynolds
	egistered Office Address: <i>BE_FLORIDA_STREET_ADDRES</i>	201 North Franklin Street Suite 2000 Tampa ,FL 33602
that after the chi office of the reg hereby confirme liability compan limited liability	ange or changes are made, the Florid istered agent will be identical. Or, it and that the change(s) was/ware author	er the laws of the State of Florida, it is hereby confirmed in street address of the registered office and the business in the case of a Florida limited liability company, it is rized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the
Stephen H. (Printed or typed num	Reynolds, Attorney and Alithme of signee)	norized Agent
comply with the am familiar with F. Or, if this confirm that the	provisions of all statutes relative to and accept the obligations of my pudocument is being filed to merely reflicitly company has been to the company	t and agree to act in this capacity. I further agree to the proper and complete performance of my auties, and I asition as registered agent as provided for in Chapter 608 lect a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registe	1/	Day 2277 Wallahanna DT 20214
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

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