City/State/Zip Pho	*****35.00 *****35.00
CORPORATION NAME(S) & DO	Office Use Only CUMENT NUMBER(S), (if known):
(Corporation Name)  2. (Corporation Name)	(Document #)  (Document #)
(Corporation Name)  4(Corporation Name)	(Document #)
	Certified Copy  Description Certificate of Status
NEW FILINGS AMENDM	ENTS
Profit Amendment	
NonProfit Resignation of	R.A., Officer/ Director
Limited Liability Change of Re	gistered Agent
Domestication Dissolution/W	ithdrawal
Other Merger	
Annual Report	RATION P
Fictitious Name Foreign	ership PAChg.
Name Reservation Limited Partne	ership
Reinstatement	
› <del></del>	
Trademark	₩8 MAY 8 1997

CR2E031(1/95)

## 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 607.09 Florida Statutes, the undersigned corporation Florida submits the following statem or registered agent, or both, in the State of Florida	organized under the laws of the State of ent in order to change its registered office
1a. The name of the corporation is:Frontie	er Environmental • Inc.
1b. Date of incorporation	V(1 4 A A A A A A A A A A A A A A A A A A
2. The name and address of the current reg	gistered agent and office:
101 E. Kennedy Blvd. #3700 Barr Tampa FL 33602	ett Blaza
3. The name and address of the new register (P.O. Box Not Acceptable)  C T CORPORATI	_
c/o C T CORPORATION SYSTEM, 1200 South	Pine Island Rd., Plantation, Florida 33324
The street address of its registered agent and of its registered agent as changed will be idea.  Such change was authorized by resolution do an officer sc authorized by the board.  SIGNATURE  APRIL 15, 1997	ntical.  Lly adopted by its board of directors or by
DATE	Typed or printed name and title BRYAN J. BLANKFIELD ASSISTANT SECRETARY
HAVING BEEN NAMED AS REGISTERED AG PROCESS FOR THE ABOVE STATED CORP IN THIS CERTIFICATE, I HEREBY ACCEPT T AGENT AND AGREE TO ACT IN THIS CAPAG WITH THE PROVISIONS OF ALL STATUTES PLETE PERFORMANCE OF MY DUTIES, AN THE OBLIGATION OF MY POSITION AS REG	ORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED CITY. I FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COM- D I AM FAMILIAR WITH, AND ACCEPT
	4-24 (Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
2E045 (7-91)
FILING FEE: \$35.00

CR2E045 (7-91) (FLA. - 2194 - 3/4/92)