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	COST LIMIT	C : \$ 35.00	····	() Mile Mile
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ORDER TIME	: 10:12 AM		6000033	32649
ORDER NO.	: 753246			
CUSTOMER NO	: 7187011			
	Ms. Anna Garcia Encompass Services 3 Greenway Plaza Suite 2000 Houston, TX 77046	_		
	CHANGE OF			

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 PLAIN STAMPED COPY

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CONTACT PERSON: Jeanine Reynolds EXT 1133

07-18-00 CC

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## . 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, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Airtron of Central Florida, Inc.

3. Date of incorporation/qualification: 10/13/94 Document number: P94000075765

4. The name and address of the current registered agent and office:

CT Corporation System

1200 South Pine Island Road

Plantation, Florida, 33324

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301

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.

(AX Signature of an officer, chairman or vice chairman of the board)

g

Gray Muzzy, Vice President and Secretary

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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

<u>By:</u>

Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Karen Wehner

(Typed or Printed Name)

Asst. Vice President (Capacity)

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

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314