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(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Office Use Only							



06/01/04--01040--008 \*\*105.00



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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

Ity Services, Name of corporation) SUBJECT:

DOCUMENT NUMBER: <u>P97000041869</u>

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

<u>JIEICSSAF</u> (Name of person) at ( none number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

## 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  $\underline{\text{PDVidA}}$  in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VIASVS UTILITY Services, Inc. 2. The principal office address: <u>2.10 Lake Wire Drive</u> <u>Lakeland</u>, FIDrick 33815

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 05/08/1997 Document number: P9760064181
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sharil, Elessor	
_135 Horizon Court	
Lakeland, Florida	
- j	-

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Se Box or personal mailbox NOT acceptable)

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.

(Signature of an officer or director)

er: Elessa Printed or typed name and little

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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 auties, 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.

(Signature of Registered Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

(Date)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE\_ MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314