17000092876 **CORPORATION**

ACCOUNT NO. : 07210000032

REFERENCE :

COST LIMIT : \$ 35.00

ORDER DATE: November 12, 1997

ORDER TIME : 9:09 AM

ORDER NO. : 598438

CUSTOMER NO: 7129686

CUSTOMER:

L. Victor Vacarro 23324 Water Circle

Boca Raton, FL 33486

CHANGE OF AGENT

NAME:

FAST-TRAC ENVIRONMENTAL

BUILDING SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XXXX PLAIN STAMPED COPY

CONTACT PERSON: STACY EARNEST

11/14

400002347094--7

Florida Department of State, Jlm Smith, Secretary of State

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	S SYSTEMS, INC.			ECRE	AON	- MED - MEDI - M
b. Date of incorporation		Docum	ent number	ASSE	<u>-</u>	9
2. The name and address of	the current regist	ered agent and	i office:	OF ST E FLO	**	Samuel Brown
CORPORATION SERVICE COMPANY	1201 HAYS S	TREET			_30	
TALLAHASSEE	FL		32	301		
3. The name and address of the (P.O. Box Not Acc JAMES POWERS		agent and office	C O :			
13811 CAPITAL DRIVE	TAMPA, FL	33613	· ·		_	
an officer so authorized by the		adopted by its		/ (*	ノ	/
an officer so authorized by the SIGNATURE DATE	poard.	adopted by its	+ tou	err ti	Test	1.
[]]] - 7 - 97	EGISTERED AGEI STATED CORPOR EBY ACCEPT TH IN THIS CAPACI ALL STATUTES RI MY DUTIES, AND SITION AS REGIS	Typed or prints NT AND TO ACT RATION AT THE E APPOINTME TY. I FURTHE ELATIVE TO TI I AM FAMILIAF STERED AGEN	d name and to ccept serving e place des int as regis r agree to he proper a	CE OF GIGNATED TERED COMPLY WID COM:	resi	<u>d</u> ,
DATE HAVING BEEN NAMED AS RIPHOCESS FOR THE ABOVE IN THIS CERTIFICATE, I HER AGENT AND AGREE TO ACT WITH THE PROVISIONS OF A PLETE PERFORMANCE OF METERS.	EGISTERED AGEI STATED CORPOR EBY ACCEPT TH IN THIS CAPACI ALL STATUTES RI MY DUTIES, AND SITION AS REGIS	Typed or prints NT AND TO ACT RATION AT THE E APPOINTME TY. I FURTHE ELATIVE TO TI I AM FAMILIAF STERED AGEN	d name and to d name and to e PLACE DES NT AS REGIS R AGREE TO HE PROPER A TO MITH AND A	CE OF SIGNATED TERED COMPLY AND COM-	resi	<u>d</u>

CR2E045 (7-91)

FILING FEE: \$35.00