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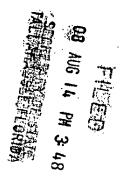
1			
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Boodment Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Amendment Division of	Section Corporations	
	Vaterra, Inc. (Name of Co	
DOCUMENT NUMBER: 79300063862		
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:		
_	Ryan Morrell (Name of Cont	ract Person)
	CivaTerra, Inc	npany)
- 9015 Palm Ave (Address)		
	Indialantic FL (City/State and	
For further information concerning this matter, please call:		
_	•	at (32) 795 6426 (Area Code & Daytime Telephone 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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301