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Florida Department of State

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Account Name

: ANDREW G. KOLONDRA, P.A.

Account Number : 119990000139 Phone

: (954)346-0048

Fax Number

: (954)346-9201

REGISTERED AGENT CHANGE

P.P.M.P. ENGINEERING CORPORATION

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FEB-03-00 THU 06:20 PM ANDREW G. KOLONDRA, P.A. 954	4 346 9201	P.02
FROM: PPMP ENG. CORPBRUCE EYER FRX NO.: 954-5673842	Jan. 13 2000 10:22AM	P1
STATEMENT OF CHANGE OF REGISTERED OFFICE CAGENT OR BOTH FOR CORPORATION	or registered	
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617 the undersigned corporation organized under the laws of the State of Florid submits the following statement in order to change its registered office or registers of State	In .	3 .
the State of Florida. 1. The name of the corporation is: P.P.M.F.Engineering Corporation		
2. The mailing address of the corporation is: 928 N.E. 23rd Drive, Wilto	n Manors, FL 33305	
3. Date of incorporation/qualification: 3/26/99 Document number	harr PODOGOGOGO	
4. The name and address of the current registered agent and office:	DEI. F795000028180	<u>.</u> .:
Bruce E. Byer	_ PE B T	7
928 N.E. 23rd Drive		•
773 9 4 85	mo ii	
5. The name and address of the new registered agent and office: (P. O. Box Not	Acceptable = =	
Richard Norman Eyer	- 1 DF 43	-
217 N.W. 39th Street		* • • = *1.
Oakland Park, FL 3330k 9	<u> </u>	∞ ÷−
The street address of its registered office and the street address of the business agent, as changed, will be identical.	office of its registered	
Such change was authorized by resolution duly adopted by its board of director authorized by the board.	s or by an officer so	,
(Signature of anofficer, Chairman or vice chairman of the board)	7/00	_
	(Date)	
Bruce E. Eyer, President (Printed or typed name and fitte)		
Having been named as registered agent and to accept service of process for the corporation, I hereby accept the appointment as registered agent and agree to I further agree to comply with the provisions of all statutes relative to the proper registered agent.	above stated act in this capacity. er and complete ny position as	
Symphys of Signature 1/12/6	రిద్ద	
If signing on behalf of an entity:		!
(Typed or Printed Name)	<u> </u>	
(Capacity)		
* * * FILING FEE: \$35.60 * * * CR2E045(7/97)		
DIVISION OF CORPORATIONS P.O. BOX 6327 Tall Aparents of	22014	

FAX AUDIT # ((H 000000011551)))

Tallahassee, FL 32314

P.O. BOX 6327