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## TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations                                                |
|-----------------------------------------------------------------------------------------------|
| SUBJECT: Soun-VERSTERN ENGINEERING CONSTRUCTION, INC. (Name of conforation)                   |
| DOCUMENT NUMBER: 54357 \( \)                                                                  |
| 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:                     |
| CHENE CUNING HAM (Name of person)                                                             |
| (Name of firm/company)                                                                        |
| 311 ORANGE ST. (Address)                                                                      |
| PALM HANBON, FC 34683 (City/state and zip code)                                               |
| For further information concerning this matter, please call:                                  |
| GENE CUNING HAA at (721) 784-2519 (Area code & daytime telephone number)                      |
| England is a \$25.00 shoot made payable to the Department of State                            |

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

## 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 Statute                                                                                                                                                                                                                                                                                                                                                                                           | s,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| this statement of change is submitted for a corporation organized under the laws of the State of                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| in order to change its registered office or registered agent, or both, in the Sta                                                                                                                                                                                                                                                                                                                                                                                                           | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| of Florida.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1. The name of the corporation: SOUTH EASTERS ENGINEEUNG & CONSTRUCTION, I                                                                                                                                                                                                                                                                                                                                                                                                                  | Jc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2. The principal office address: 311 ORANGE 57.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PALM HARBOR, FZ 34683                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3. The mailing address (if different):                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| 4. Date of incorporation/qualification: 4/4/91 Document number: 5435                                                                                                                                                                                                                                                                                                                                                                                                                        | NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>NVICE<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice<br>Nvice |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:                                                                                                                                                                                                                                                                                                                                                          | H OF U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| 961 LANDMANK CIPCLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1/ERRA / DRDE, FL 38715                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (                                                                                                                                                                                                                                                                                                                                                                                         | if                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| changed):  JAMES W. BONDURANT                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| (P.O. Box or personal mailbox NOT acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| TARBON, SONWAS, FL 34688                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.                                                                                                                                                                                                                                                                                                                                            | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 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 chairmap of vice chairman of the board)  (Printed or typed name and title)                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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 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) (Date)                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| If signing on behalf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (Typed or Printed Name) (Capacity)                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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