FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CERTIFICATE OF
AMENDMENT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S73320 (1)

OPERATORS SERVICES OF ST. LUCIE, INC.

Principal Place of Business:
3481 S. 25TH ST
BAY A
FORT PIERCE FL 34981
US

Mailing Address:
P O BOX 13179
FORT PIERCE FL 34979
US

Do Not Write In This SPACE

3. Date Incorporated / Qualified: 08/12/1991
3a. Date of Last Report: 06/07/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 65-0285177 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRUSSING, KEVIN
5413 SUNSET BLVD.
FORT PIERCE FL 33490

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL — 85 Zip Code:

11. Pursuant to the provisions of Section 607.0501 and 607.1008, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRUSSING, KEVIN
STREET ADDRESS	5413 SUNSET BLVD.
CITY, ST, ZIP	FORT PIERCE FL
TITLE	D
NAME	CAPPA, ANTHONY
STREET ADDRESS	1968 NE 21ST TERR.
CITY, ST, ZIP	JENSEN BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is accurate and does not exceed, for the categories stated in Sec. 607.0501(3), Florida Statutes, the authorized stock of this corporation. I further certify that the officers and directors of this corporation as shown on this report or any amendment hereto have been duly elected or appointed in accordance with the articles of incorporation or bylaws of the corporation or business association to serve until the next annual report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is an officer or director with an address.

SIGNATURE: 5-2-95 407-466-0720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ISEUIN M. PRUSSING

0484383 FP