(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 777311 7673052

AUTHORIZATION :

COST LIMIT

ORDER DATE: October 31, 2008

ORDER TIME : 10:06 AM

ORDER NO. : 777311-008

CUSTOMER NO: 7673052

## CHANGE OF AGENT

NAME: BATES ENGINEERS/CONTRACTORS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

. .

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organi in order to change its registered office or registe	ized under the laws of the State of Georgia
1. The name of the corporation: BATES ENGINEE	
2. The principal office address: 201 Airport Road,	Bainbridge, GA 39817
3. The mailing address (if different): PO Box 846, B	ainbridge, GA 39818
4. Date of incorporation/qualification: 08/11/1982	Document number: B53719
<ol><li>The name and street address of the current registered as Florida Department of State;</li></ol>	gent and registered office on file with the
C T Corporation System	
1200 South Pine Island Road	
Plantation, FL 33324	
6. The name and street address of the new registered agen (if changed):	t (if changed) and /or registered office FF
Corporation Service Company	NOV-6 PH
1201 Hays Street	THE REPORT OF THE PERSON THE PERS
(P.O. Box NOT acceptable)	5 2:
Tallahassee, FL 32301	<del>5</del> 5
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
Signature of an officer or director	Maureen Cullen, Attorney In Fact (Printed or typed name and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblidocument is being filed merely to reflect a change in the corporation has been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Some Company	11/04/2008
(Signature of Registered Alvent)	(Date)
If signing on behalf of an entity:	
Sylvia Queppet, Assistant VP	
(Typed or Printed Name)	D 025 AA + + +
* * * FILING FE	Æ: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)