Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone

Fax Number

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REGISTERED AGENT CHANGE TRS ENVIROGANICS INC.

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Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	sized under the laws of the State of A	rkanasas
	r to change its registered office or regist	"	oriaa.
1. The name of t	the corporation: TRS ENVIROGANIC	CS INC.	
2. The principal	office address: 201 S. Denver, 2nd Fl	oor	
Russellville	e, AR 72813		
3. The mailing a	ddress (if different):		125
			^
4. Date of incom	poration/qualification: 7/12/2007	Document number: F010000	0262年。
5. The name and	I street address of the current registered a tment of State:		
	CT Corporation		
	1201 Hays Street		5. 5. ± € € € € € € € € € € € € € € € € € €
	Tallahassee FL 32301		02 102 103 104 105
6. The name and (if changed):	l street address of the new registered ager	nt (if changed) and /or registered offic	ce
	Corporation Service Company	,	
	1201 Hays Street		
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopte ne board. or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	officer so
Mau	ren Cethell	Maureen Cathell, Vice Preside	ent
•	re of an officer or director)	(Printed or typed name and ti	<i>'</i>
corporation nas	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in the s been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and com ligation of my position as registered te registered office address, I hercb	plete performance lagent. Or, if this y confirm that the
	on Scrvice Company	October 13, 2011	
	gnature of Registered Agent)	(Date)	-
If signing on be	half of an entity:		
Grace E. Kirb	y, Assistant Vice President		
	Typed or Printed Name)		
	* * * FILING FI	EE: \$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)