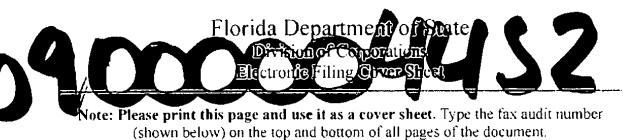
11/9/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE NRC GULF ENVIRONMENTAL SERVICES INC.

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation or in order to change its registered office or res		
1. The name of the corporation: NRC GULF ENVIRO		
2. The principal office address: 3500 Sunrise Highway	Building 200, Suite 200 Great River, NY 11739	
2. The principal office address:		
3. The mailing address (if different):	F0000004452	
4. Date of incorporation/qualification: 11/12/2009	Document number: F09000004452	
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resi		
COGENCY GLOBAL INC.		
115 NORTH CALHOUN STREET SU	JITE 4	
TALLAHASSEE, FL 32301	. 2020	
6. The name and street address of the new registered a (if changed):	agent (if changed) and /or registered office	
C T Corporation System		
1200 South Pine Island Road	⊒ i	
Plantation, Florida 33324	Box NOT acceptable	
The street address of its registered office and the stras changed will be identical.	cet address of the business office of its registered agent,	
Such change was authorized by resolution duly ador authorized by the board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.	
Ocean de Sold	Jonathan Selden, Secretary	
Signature of an officer or director	Printed or typed name and title	
of my duties, and I am familiar with and accept the document is being filed merely to reflect a change is corporation has been notified in writing of this char	statutes relative to the proper and complete performance of obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the	
C T Corporation System	11/9/2020	
Signature of Registered Agent	"Date "	
If signing on behalf of an entity:		
Kimberly Laughrey, Asst. Secretary		
Typed or Printed Name		
* * * FILING FEE: \$35.00 * * *		
	FLORIDA DEPARTMENT OF STATE 5, P.O. BOX 6327, TALLAHASSEE, FL 32314	