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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

: (850)222-1092 : (850)222-9428

## REGISTERED AGENT CHANGE

SYNAGRO OF FLORIDA - DAVIS WATER, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

		07.0502, 617.0502, 607.1508, or 6 a corporation organized under the i		
Plorida	in order to change	tts registered office or registered	agens, or both, in the State	
of Florida.	<del></del>			
1. The name of	the corporation: Synagro	of Florida - Davis Water, Inc.		
2. The principal	office address: 1800 Ber	ng Dr. Suite 1000, Houston, TX 77057		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/	/15/1982 Document nu	mber: <u>F90922</u>	
5. The name an Florida Depa	d street address of the cur	rent registered agent and registered	office on file with the	
_	Co	aparation Service Company		
		1201 Hayes St		
•		Tallahassee, FL 32301		
6. The name ar changed):	id street address of the r	new registered agent (if changed) a	and /or registered office (if	
enangeus.		CT Corporation System		
•	, Si	o CT Corporation System		
-	(P.O. Box or personal multion NOT acceptable)			
	1200 South Pin	e Island Road, Plantation, Florida 33324		
The street addresses, as change	ess of its registered office ed will be identical.	and the street address of the busin	ess office of its registered	
<u>_</u>	× -	nduly adopted by its board of dire on has been notified in writing of t Jennifer Sins	ci, Secretary	
	Charles of vice challengs of the be			
office address.	hereby confirm that the	ttered agent and agree to act in this tions of all statutes relative to the p tiliar with and accept the obligation being filed merely to reflect a char corporation has been notified to w	s capacity, roper and complete of my position as nge in the registered riting of this change,	
By:	Corporation System  Surve Bell	7/19/b	4	
	trades of gradients of vicinity	Denise Beli		
If signing on behal	fof an entity:	Assistant Secretary		
T)	yped or Printed Name)	(Capaci	rys	

\* \* \* FILING FEE: \$35,00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAD TO: DIVISION OF COSPORATIONS, P.O. BOX 6327, TALLABANNE, FL 32314