

M 0500000 1772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

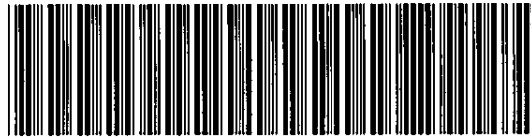
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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09 JAN 20 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JAN 20 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 855738 7598292

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 25.00

FILED
09 JAN 20 PM 1:15
TALLAHASSEE, FLORIDA

ORDER DATE : January 12, 2009

ORDER TIME : 10:03 AM

ORDER NO. : 855738-003

CUSTOMER NO: 7598292

CHANGE OF AGENT

NAME: SUPPLY SANITATION SYSTEMS. LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX _____ PLAIN STAMPED COPY

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: SUPPLY SANITATION SYSTEMS, LLC

2. (a) Principal office address of limited liability company: 1450 Preston Forest Square
Suite 209
Dallas, TX 75230

(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

04/05/2005
3. Date of filing/registration in Florida

M05000001772
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T Corporation System

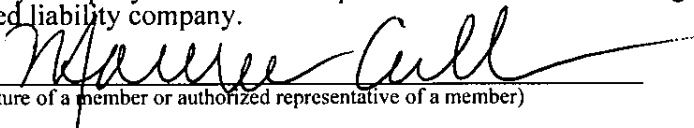
Registered Office Address: 1200 South Pine Island Road
Plantation, FL 33324

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Corporation Service Company

NEW Registered Office Address: 1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Person
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: Michelle R. Vannoy
(Signature of Registered Agent) Michelle R. Vannoy, Asst. V.P

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

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