I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS ROBERTS

Electronic Signature of Signing Officer/Director Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Electronic Signature of Registered Agent

SIGNATURE:

Officer/Director Detail :			
Title	Ρ	Title	VD
Name	ROBINSON, MATTHEW	Name	ROBERTS, MICHAEL J
Address	1650 DES PERES RD STE 303	Address	1650 DES PERES RD STE 303
City-State-Zip:	ST. LOUIS MO 63131	City-State-Zip:	ST. LOUIS MO 63131
Title	SD		
Name	ROBERTS, THOMAS E		
Address	1650 DES PERES RD STE 303		

(

City-State-Zip: ST. LOUIS MO 63131

ST. LOUIS. MO 63131

1650 DES PERES RD STE 303

Current Mailing Address:

1650 DES PERES RD STE 303 ST. LOUIS. MO 63131

Current Principal Place of Business:

FEI Number: 20-2013246

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324 US

Entity Name: ENVIRONMENTAL LIABILITY TRANSFER, INC.

FILED Jan 14, 2015 Secretary of State CC8847902186

Certificate of Status Desired: No

Date

SECRETARY

01/14/2015

Date