F01000006328

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL T		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2016

SUNSHINE CORP (WOLTERS KLUWER) WALK IN

SUBJECT: TERRA RENEWAL SERVICES, INC.

Ref. Number: F0100006328

We have received your document for TERRA RENEWAL SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$35.00.

The fee to file your document is \$35.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 216A00019999

please they act: 120160000072 June 9500 Can we honozate?

www.sunbiz.org

Wolters Kluwer (put in Sunshine Corp Box) 850-656-4724

Entity Name: Doc Number:
Terra Renewal Services, Inc. F01000006328

Thank you!

Please file and return plain copy

(x) Profit	() Amendment	() Merger	
() Nonprofit	•		
() Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement		
() Limited Partnership	() Annual Report	() Annual Report () Other	
() LLC	() Name Registration		
	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS	
Articles/Amends			
() Call When Ready	() Call If Problem		
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
	9/15/2016	Order#: 10160632	
Availability			
Document			
Examiner		Ref#:	
Updater			
Verifier			
W.P. Verifier		Amount: \$	35—

COVER LETTER

TO:	FO: Amendment Section Division of Corporations			
SUBJ	TERRA RENEWAL SERVICES, INC.			
	Name of Corporation			
DOC	F01000006328 UMENT NUMBER:			
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Name of Contact Person			
	Firm/Company			
	Address			
	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)			
For fi	uther information concerning this matter, please call:			
	at (
	Name of Contact Person at () Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32301			

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation	organized under the laws of the State of Arkansas registered agent, or both, in the State of Florida.			
The name of the corporation: TERRA RENEWAL SERVICES, INC. The principal office address: 251 O'CONNOR RIDGE BLVD, SUITE 300, IRVING, TX 75038					
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 12/10/2001	Document number: F01000006328			
	street address of the current registement of State: (If resigned, enter re	ered agent and registered office on file with the esigned)			
	CORPORATION SERVICE COMP	ANY EE S			
	1201 HAYS STREET	कर्म के अपने किया के क किया किया किया किया किया किया किया किया			
•	TALLAHASSEE, FL 32301-2525				
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office			
	C T Corporation System				
	c/o C T Corporation System, 1200 S	outh Pine Island Road			
	P.O. Be Plantation, Florida 33324	nx NOT acceptable			
The street addre	ss of its registered office and the specifical.	street address of the business office of its registered agent,			
Such change was authorized by the	s authorized by resolution duly ade e board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.			
	e of an officer or director	Eric Bowman Chief Compliance Officer			
I hereby accept I further agree to performance of	the appointment as registered age o comply with the provisions of a my duites, and I am familiar with	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.			
By: CTCon	oration system WX Bill	9/14/2016			
	natire of Registered Reent	Date			
	Assistant Secretary				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)