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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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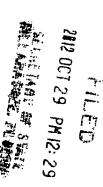
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000	U	0	Ю	0	1	9	-
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REFERENCE : 377391

7907935

AUTHORIZATION(Soret	a	e	10 / 8	,
COST LIMIT	(A &	35	00		

ORDER DATE: October 11, 2012

ORDER TIME : 9:53 AM

ORDER NO. : 377391-010

CUSTOMER NO: 7907935

CHANGE OF AGENT

NAME: SUPERIOR WATER SERVICES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret ext. 52949

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: SUPERIOR WATER SERVICES INC.
2. The principal office address: 834 West Atlanta Street, Marietta, GA 300060
3. The mailing address (if different): p o box 1162 Smyrna, GA 30081
4. Date of incorporation/qualification: 04/21/2004 Document number: F04000002213
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert J. Gsegner
178 S. Canal Street
Port St. Joe, FL 32456
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
P.O. Box NOT acceptable
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
authorized by the board, or the corporation has been notified in writing of the change. Robert Osen NA Res. Long Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. Corporation Service Company
By:
If signing on behalf of an entity:
Sylvia Queppet, Asst. VP
Typed or Printed Name * * * 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)