F06000000130

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3/1/11



ACCOUNT NO. : I2000000195

REFERENCE :

692836

7819819

AUTHORIZATION (

COST LIMIT

ORDER DATE: March 1, 2011

ORDER TIME : 9:01 AM

ORDER NO. : 692836-007

CUSTOMER NO: 7819819

CHANGE OF AGENT

NAME: CHARAH, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ___ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight Thoy Tobo

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of KY
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: CHARAH, INC.
2. The principal	office address: 12601 Plantside Drive, Louisville, KY 40299
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 4/3/2006 Document number: F06000002130
	d street address of the current registered agent and registered office on file with the rtment of State:
	Business Filings Incorporated
	1203 Governor's Square Blvd., Suite 101
	Tallahassce FL 32301-2960
6. The name and (if changed):	1203 Governor's Square Blvd., Suite 101 Tallahassee FL 32301-2960 d street address of the new registered agent (if changed) and /or registered office Corporation Service Company
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
May (Signate	Maureen Cathell, Attorney in Fact (Printed or typed name and title)
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the specifical formula of this change.
By: Dorboration	on Service Company March 2, 2011
	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
'	y, Assistant Vice President
T)	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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