F06000001185

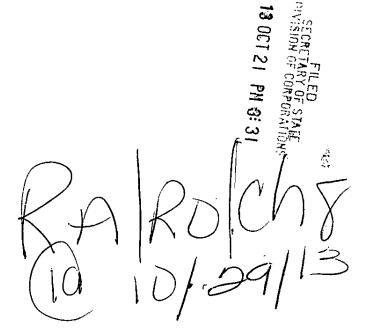
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corpor	602, 617.0502, 607.1508, or 617.1508, Florida Statutes, ration organized under the laws of the State of Missourice or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: MIDWEST A	SBESTOS ABATEMENT CORPORATION	
-	office address: Blvd., St. Peters, MO 63376		
3. The mailing a	address (if different):		······································
4. Date of incorp	poration/qualification: 11/16/	/2006 Document number: F06000007185	
	I street address of the current timent of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	2
	CT Corporation System		18 CB
	1200 South Pine Island Roa	ad	ET 2
	Plantation	FL 33324	ON OF THE
6. The name and (if changed):	I street address of the new reg	gistered agent (if changed) and /or registered office	SECRETARY OF SEATIONS VISION OF CORPORATIONS VISION OF CORPORATIONS
	Corporation Service Compa	any	
•	1201 Hays Street		
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and be identical.	d the street address of the business office of its register	red agent,
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.)
()c	H J_	Dona Priebe, Vice President	
Signatu	re of an officer or director	Printed or typed name and title	
I further agree of performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar is document is being filed me	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as regis erely to reflect a change in the registered office addres on notified in writing of this change.	stered s, I
By: Elizat	he axan	10/11/2013	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
Elizabeth A. Da	wson, Asst. Vice President		
T	yped or Printed Name		

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

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