Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000244733 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Number: FCA00000023

Phone : (850)222-1092 Fax Number : (850)878-5368

RE-SUBMIT Please reign original filing

Account Name : C T CORPORATION SYSTEM

date of submission 10/22

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE SELECT ENVIRONMENTAL SERVICES, INC.

Certificate of Status	0
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Page Count	024
Estimated Charge	\$35.00

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Corporate Filing Menu

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October 24, 2014

FLORIDA DEPARTMENT OF STATE

SELECT ENVIRONMENTAL SERVICES, INC.

FAX FILEC T CORPORATION SYSTEM***
THONOTOSASSA, FL 33592

SUBJECT: SELECT ENVIRONMENTAL SERVICES, INC.

REF: F09000003350

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

An officer/director of the corporation must sign the document authorizing the change.

The officer/director signature is not legible.

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.

Tina D Carter Regulatory Specialist FAX Aud. #: H14000244733 Letter Number: 514A00022822



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

	•	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi ation organized under the laws of the State of Delaware	S				
		ce or registered agent, or both, in the State of Florida.					
1. The name of	the corporation: Select Environ	mental Services, Inc.					
	-	HWAY 301 NORTH THONOTOSASSA, FL 33592		,			
z. The principal	office address.						
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification: 08/24/2	Document number: F09000003350					
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the nter resigned)					
	NRAI SERVICES, INC.						
	200 South Pine Island Road						
	Plantation, FL 33324						
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office	14 OCT 22	SECRE TALL AH			
	C T Corporation System		22	TARN			
c/o C T Corporation System, 1200 South Pinc Island Road							
	P.O. Box NOT acceptable	ö	ALS.				
	Plantation, Florida 33324		6	DA DE			
The street addr	ess of its registered office and be identical.	I the street address of the business office of its registered	agent	t,			
Such change w authorized by t	as authorized by resolution du he board, or the corporation h	aly adopted by its board of directors or by an officer so has been notified in writing of the change.					
,	In Wald.	John Mahler, Secretary					
Sit	director	Printed or typed name and title					
I further agree verformance of	to comply with the provisions my duties, and I am familiar	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 register rely to reflect a change in the registered office address, n notified in writing of this change.	red l				
By:	rporation System FWX + Bot	10/15/2014					
Sig	gnature of Registered Agent	Date					
If signing on be	ehalf of an entity:						
	Assistant Secretary						
7	yped 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)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Carylon Corporation, a Corporation incorporated under the laws of the state of Illinois and the direct or indirect owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Kelly Lettmann, Michelle Donato, Natalie Pickens, Mandy Hendricks, Dareth Jeffers, Russell Kopp, Crystal McKenzie, Christine Rein, Collin Menkhus, Britni Wige, Ryan Nelson, Sarah Revelle, Kristi Heiberger, Traci Houck, and John Mahler, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the Corporation to act for the Corporation and in the Corporation's name for the limited purposes authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Kelly Lettmann, Michelle Donato, Natalie Pickens, Mandy Hendricks, Dareth Jeffers, Russell Kopp, Crystal McKenzie, Christine Rein, Collin Menkhus, Britni Wige, Ryan Nelson, Sarah Revelle, Kristi Heiberger, Traci Houck, and John Mahler shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this Oct 8, 2014

Carylon Corporation

Incorporated in Illinois, S Corp.

Name: Marcie Hemmelstein

Title: Secretary

State of Illinois County of Cook

On Oct 8, 2014 before me, the undersigned, a Notary Public in and for said State, personally appeared Marcie Hemmelstein personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Notary Public

"OFFICIAL SEAL"

CAROL A. NERI
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 11/26/2017