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RA Chg C.COULLIETTE

OCT 27 2011

EXAMINER



CORPORATION SERVICE COMPANY. ACCOUNT NO. : 120000000195

REFERENCE (; AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: October 20, 2011

ORDER TIME : 10:07 AM

ORDER NO. : 951921-056

CUSTOMER NO: 7526105

CHANGE OF AGENT

NAME: ENERGYSOLUTIONS PERFORMANCE

STRATEGIES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

	-	2, 607.1508, or 617.1508, Florida Statutes, i ized under the laws of the State of Georgia		_
		red agent, or both, in the State of Florida.		_
1. The name of	the corporation: ENERGYSOLUTION	IS PERFORMANCE STRATEGIES I	NC.	
2. The principal	office address: 423 West 300 South, S	uite 200, Salt Lake City, UT 84101		
		Market		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification; 03/01/2010	Document number: F10000001025		
	d street address of the current registered agement of State:	ent and registered office on file with the		
	NRAI Services, Inc.			
,	515 E. Park Avenue			at S on
	Tallahassee, FL 32301 US		30	SOR
6. The name and (if changed):	d street address of the new registered agent	t (if changed) and /or registered office	1 0CT 27 P	OF COX
	Corporation Service Company		PH17: \#	7807
	1201 Hays Street		Ę	
	(P.O. Box NOT acceptable)			- ,u ,
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street a be identical.	address of the business office of its register	red ager	ıt,
Such change was	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer s ified in writing of the change.	0	
MA	ure of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)		_
,	,	•		
I hereby accept I further agree I of my duties, an document is bei corporation has	the appointment as registered agent that to comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity, ites relative to the proper and complete pe, gation of my position as registered agent. registered office address, I hereby confirm	rforman Or, if the m that th	ice his he
Corporation By:	on Service Company	10/21/2011		
O'SKE	nature of Registered Agent)	(Date)		-
if signing on be	half of an entity:			
Sylvia Queppe	et, Asst. VP			
Т)	yped or Printed Name)			

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