Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

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

REGISTERED AGENT CHANGE AQUILEX SMS, INC.

Certificate of Status	Ó
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

JBJECT:	AQUILEX SMS, INC.
	Name of Corporation
OCUMENT NUMBER:	P76229
e enclosed Statement of Chang	ge of Registered Office/Agent and fee are submitted for filing
ase return all correspondence	concerning this matter to the following:
•	
	Oina Rodges Name of Contact Person
	Name of Contact Person
	1 1 5.
	Agu. less 5MS Firm/Company
	Functunyany
•	1615 118th Ann about
•	1615 111th Ave. North Address
	City/State and Zip Code
	•
	ging. rodgers 2 agailine com ess: (to be used for future annual report notification)
E-mail addre	ess: (to be used for future annual report notification)
further information concerning	ig this matter, please call:
Name of Contact	Person at (727) 573-7838 Area Code & Daytims Telephon

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2EQ45 (8/05)

TO:

Amendment Section

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

statement of chi	provisions of sections 607.0502, 617.0502, 607.150 ange is submitted for a corporation organized under er to change its registered office or registered agent	r the laws of the State of	Florida	
1. The name of	the corporation: AQUILEX SMS, INC.			
2. The principal	office address: 1615 118TH AVE NORTH ST. PET	ERSBURG FL 33716		
3. The mailing a	ddress (if different):	,		
4. Date of incor	poration/qualification: 04/13/1982 Doca	ument number:	F76229	
	i street address of the current registered agent and re tment of State: (If resigned, enter resigned)	gistered office on file with the	he	
	GEORGE B SKITSKO			
	1615 118TH AVE. NORTH			
	ST PETERSBURG FL 33716	·	D H	1. (Yhort or
6. The name and (if changed);	street address of the new registered agent (if change	ed) and for registered office		nia.
	C T Corporation System		I R	
	c/o C T Corporation System, 1200 South Pine Island I	Road		
	P.O. Box NOT acceptable Plantation, Florida 33324	·		·
The street addre	as of its registered office and the street address of be identical.	the business office of its re	gistered agent,	•
Such change we authorized by the	s authorized by resolution duly adopted by its bose e board, or the corporation has been notified in w	nd of directors or by an off riting of the change,	icer so	
Jan.	y Duy Grea	Bings SVF Seevel	Consul + Secon	eling
	o of an other conficular	Frmited of typed name and title		
I hereby accept I further agree to of my dulles, an document is beli corporation has	the appointment as registered agent and agree to o comply with the provisions of all statutes relatived I am familiar with and accept the obligation of a ng filed merely to reflect a change in the registered been notified in writing of this change.	act in this capacity, e to the proper and comple ny position as registered as d office address. I hereby c	te performance gent. Or, if this onfirm that the	•
By: CTC	Corporation System	21 221 2ni	no	
Sign	there of Registered Agent	Date		
If signing on bel	•			
Danny Verde	cchia, Jr. Asst. Secretary			
T	ped 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 (8/05)