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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C. T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (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 ATC GROUP SERVICES INC.

W.	
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CT CORPORATION

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COVER LETTER

TO:	Amendment Section Division of Corporations					
SÜBJE	ATC Group Services Inc.					
	Name of Corporation					
DOCU	EMENT NUMBER:					
The on	closed Statement of Change of Registered Office/Ager	at and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the	following:				
	Name of Contact P	erson				
Firm/Company						
Address						
	11001000					
	City/State and Zip	Code				
	E-mail address: (to be used for future a	nnual report notification)				
For fur	ther information concerning this matter, please call:					
	Name of Contact Person at (Area Code & Daytime Telephone Number				
Englose		•				
Effetos	ed is a \$35.00 check made payable to the Department of	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				

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

	*	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Delawate	
	-	ce or registered agent, or both, in the State of Florida.	
1 The same of	f the corporation: ATC Group S	ervices Inc.	
1. The name of	tule coxporation:	IEAN, SUITE 200, LAFAYETTE LA 70508 US	
2. The principa	al office address:		
3. The mailing	address (if different): 600 WE	ST CUMMINGS PARK, SUITÉ 5450, WOBURN MA 01801	
4. Date of inco	rporation/qualification: 09/14/	1993 Document number: F93000004179	
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)	
	CORPORATION SERVICE	COMPANY	
	1201 HAYS STREET	IZAU CAH	
	TALLAHASSEE FL 32301-2	525 SS SS SS	
6. The name ar (if changed)		gistered agent (if changed) and /or registered office	, L
	CT Corporation System		
	c/o C T Corporation System, I	200 South Pine Island Road Plantation,	
		P.O. Box NOT acceptable	
	Florida 33324		
The street add as changed wi	ress of its registered office an ll be identical.	d the street address of the business office of its registered agent,	
	• •	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
_	Samonyour	Samantha Jones, Vice President	
I hereby accep I further acres	the appointment as registers to comply with the provision to comply with the provision f my duties, and I am familiants document is being filed me that the corporation has bee	Printed or typed name and title 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 registered trely to reflect a change in the registered office address, I n notified in writing of this change.	
By: FMX	-Bold	8/27/2012	
Si Kristin Bolden	gnature of Registered Agent Asst. Secretary	Date	
If signing on b	ehalf of an entity:		
C T Corporation	n System		
	Typed or Printed Name		
	* * * F	ILING 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)

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