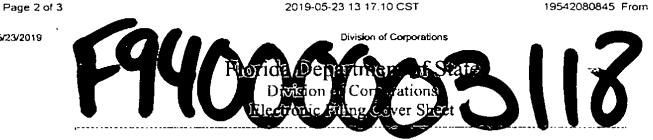
5/23/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001676713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser fro the property of the property Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 SUEZ TREATMENT SOLUTIONS INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu

Help

T.L. T. T. COL PS ANN

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

statement of char	provisions of sections 607.0502, 61 age is submitted for a corporation	organized under the laws of th	e State of New York
	to change its registered office or i	•	•
1. The name of the	ne corporation: SUEZ TREATMEN	T SOLUTIONS INC.	
2. The principal	ne corporation: SUEZ TREATMEN office address: \$007 DISCOVERY I	DRIVE, RICHMOND, VA 23229	1
3. The mailing a	ddress (if different): 4636 SOMERT	ON ROAD, TREVOSE, PA 190	53
4. Date of incorp	oration/qualification: 6/15/1994	Document number	F94000003118
	street address of the current regist tment of State: (If resigned, enter re		e on file with the
	CORPORATION SERVICE COMP	ANY	
	1201 HAYS STREET TALLAHASS	SEE, FL 32301-2525	
6. The name and (if changed):	street address of the new registere	d agent (if changed) and for teg	D D
	c/o CT Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable		
	Plantation, Florida 33324		
as changed will			
	s authorized by resolution duly ad e board, or the corporation has be	opted by its notified in writing of the ch	nange.
Dehorah Lloyd, Secretary		<u> </u>	
I hereby accept i I further agree to performance of	e of an officer or director the appointment as registered age to comply with the provisions of all my ditties, and I am familiar with to document is being filed merely to that the corporation has been noti-	l statutes relative to the prope and accept the oblivation of n	acity. rr and complete rv nosition as revistered
By. C.P.Coly	hordigh Streem	04/16/2019	
	ature of Registered Agent	h _i (1	с
If signing on bel	nalf of an entity:		
Stephen Rullis, V	P & Asst Secy.		
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, Tallahassef, FL 32314 CR2E045 (03/12)