F9500002045

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
_			
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195		
REFERÊNCE : !	970573 7400592		
AUTHORIZATION :	Spullelain		
COST LIMIT : S	\$ 35.00		
ORDER DATE : August 20, 2021			
ORDER TIME : 10:31 AM			
ORDER NO. : 970573-101			
CUSTOMER NO: 7400592			
CHANGE OF AGENT			
NAME: WHEELABRATOR ENVI	PONMENTAI.		
SYSTEMS INC.	CONFIDENTIAL		
PLEASE RETURN THE FOLLOWING AS PROC	OF OF FILING:		
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker			
EXAMINE	ER'S INITIALS:		

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ	nized under the laws of the State of _	DE	
	r to change its registered office or regist	,		
1. The name of	the corporation: WHEELABRATOR ENV	/IRONMENTAL SYSTEMS INC.		
2. The principal	office address:			
100 Arboretum	Drive Suite 310 Portsmouth, NH 03801	1		
	address (if different):			
4. Date of incor	poration/qualification: 04/27/1995	Document number: F95000	002045	
	l street address of the current registered a tment of State: (If resigned, enter resign		th the	
	C T CORPORATION SYSTEM	***	_	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION, FL 33324		I AU	
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office— (if changed): Corporation Service Company				
	Corporation Service Company	-	301E	
1201 Hays Greek				
	Tallahassee	NOT acceptable FL 32301		
The street addre	ess of its registered office and the street be identical.	address of the business office of its	s registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officed in writing of the change.	officer so	
X: 08.	P COUL	Jill Cilmi, Vice President		
-corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the beside of this change. Service Company	Printed or typed name and tit ad agree to act in this capacity, utes relative to the proper and com igation of my position as registered e registered office address, I hereb		
By: \ \	co retubi	08/26/2021		
	half of an entity:	Date		
Grace E. Kirby,	Asst. Vice President			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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