Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6380

From:

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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.

Email Address:

REGISTERED AGENT CHANGE WETLAND STUDIES AND SOLUTIONS, INC.

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Corporate Filing Menu

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COVER LETTER

10.	Division of Corporations		
erio T	WETLAND STUDIES AND SOLUTIONS, INC.		
SUBS	Name of Corporation		
DOC	JMENT NUMBER:F99000002893		
The er	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Name of Contact Person		
	/12v 3. 333./		
	Firm/Company		
	Address		
	City/State and Zip Code		
	mconner@davey.com		
	E-mail address: (to be used for future annual report notification)		
Por fu	orther information concerning this matter, please call:		
	Name of Contact Person at () Area Code & Daytime Telephone Number		
	Med Code & Day unite 1 stephone Trumber		
Enclosed is a \$35.00 check made payable to the Department of State.			
	Mailing Address: Amendment Section Street Address: Amendment Section		

Division of Corporations

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, statement of change is submitted for a corporation organized under to in order to change its registered office or registered agent, or	he laws of the State of Vivainia	
1. The pame of the corporation: WETLAND STUDIES AND SOLUTION	ONS, INC.	
2. The principal office address: 5300 WELLINGTON BRANCH DRIV	E SUITE 100 GAINESVILLE, VA 20155	
3. The mailing address (if different): 1500 North Mantua Street, Kent, C	DH 44240	
4. Date of incorporation/qualification: 06/04/1999 Document	ment number: F99000002893	
5. The name and street address of the current registered agent and reg Florida Department of State: (If resigned, enter resigned)	#::#	
RAX CO.		
RAX CO. C/O MCGUIRE, WOODS, BATTLE & BO	OTHE LLP SONVILLE, FL 32202	
50 N. LAURA ST., 3300 BARNETT CENTER JACKS	OTHE LLP HE SONVILLE, FL 32202	
6. The name and street address of the new registered agent (if change (if changed):	ed) and /or registered office	
CT Corporation System	ORID ORID	
c/o C T Corporation System, 1200 South Pine Island Road		
P.O. Box NOT soccountle Plantation, Florida 33324		
The street address of its registered office and the street address of tas changed will be identical.	the business office of its registered agent,	
Such change was authorized by resolution duly adopted by its boar authorized by the board, or the corporation has been notified in with	d of directors or by an officer so iting of the change.	
	er J. Bast, Treasurer	
I hereby accept the appointment as registered agent and agree to a further agree to comply with the provisions of all statutes relative performance of my duties, and I am familiar with and accept the oragent. Or, if this document is being filed merely to reflect a chang hereby confirm that the corporation has been notified in writing of	Fronted or typed name and bile not in this capacity. to the proper and complete bligation of my position as registered to the registered office address, I this change.	
C T Corporation System	06/10/2014	
Signature of Registered Agent	Date	
If signing on behalf of an entity: Kristin Bolden Assistant Secretary		
Typed 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 (03/12)