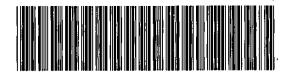
L07000008298

(Reque	estor's Name)			
(Address)				
(Address)				
(City/S	tate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
		!		

Office Use Only



500112886725

12/21/07--01003--017 **25.00

OT DEC 20 PH 4: 48
OVER OF STATIONS
OVER OF STATIONS

7 DEC 20 AM 9: 0

121

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	NTS, INC. (for ENUE 32301	merly CCRS)	•	
FILING COVERS ACCT. #FCA-14	SHEET			
CONTACT:	TRACY SPI	EAR		
DATE:	12/20/07			
REF. #:	RA2228.789	<u>47</u>	TALLAHASSEE.FL	
CORP. NAME:	EE&G REM	EDIATION SERVICES, LLC	A S. OR STATE	
() ARTICLES OF INCO	RPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF C	ANCELLATION			
	NGE OF AGENT		•	
STATE FEES PREPAID WITH CHECK# 524081 FOR \$ 25.00				
AUTHORIZATIO	ON FOR A	CCOUNT IF TO BE DEBITE	D:	
COST LIMIT: \$				
PLEASE RETUR	en:			
() CERTIFIED COPY	? () C	ERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY	
() CERTIFICATE OF	STATUS			

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fursiant to the provisions of st liability company submits the fo agent, or both, in the State of Flo	ections 608,470 or 60 llowing statement in 6 orida.	order to change its regi	stered office or registered
1. The name of the limited liabil	ity company is: EE&	G Remediation Services,	LLC
2. The mailing address of the lin	nited liability company	y is : 14505 Commerce	e Way, Suite 400,
Mlami Lakes, Florida, 33016			
01/23/07		L07000008641	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registered age Florida Department of State: <u>EE&</u>	ent and the registered of Holdings, LLC	· ·	on the records of the
1450	Name 5 Commerce Way	, Suite 400	OT DE
Miam	Addre i Lakes, Florida, 3 City, State a	3016	TILE 20 PECRETASS
6. The name and address of the n	ew registered agent ar	nd/or office:	Tropie o
Corpl	Direct Agents, Inc Name		51A11 51A11
515 E	ast Park Avenue		ST.

FL 32301 Tallahassee City, State and Zip

Florida street address (P.O. Box NOT acceptable)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member) EMNIN E WAIRAN (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 **FILING FEE: \$25.00**