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## 410000001481

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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02-16-2012

NAME:

GEO-SYNTHETICS, LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

\$25

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	GEU-SYNTHETICS, LLC
2. (a) Principal office address of limited liability compa	any: 2401 Pewaukee Rd
(Note: MUST BE STREET ADDRESS)	Waukesha, WI 53188
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	*
March 29, 2010	M10000001487
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street
	Tallahassee, Florida 32301-2525
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office address:  National Corporate Research, Ltd., Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive
	Tallahassee ,FL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member of authorized predentative of a member  ROBERT F. CROH  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization my.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, hereby confirm that the limited liability composition of the	position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change. sistant Secretary
Signature of Registered Agent	-
Division of Corporations, P.O. Box	6327, Taliahassee, FL 32314

**FILING FEE: \$25.00**