## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H14000293305 3)))



H140002933053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

|         | To                                      |                                                                 | :                       | <b>T</b> |
|---------|-----------------------------------------|-----------------------------------------------------------------|-------------------------|----------|
|         | 10                                      | Division of Corporations                                        | ;+                      |          |
|         |                                         | Fax Number : (850)617-6                                         | 383                     |          |
| Q       | B WEET                                  | om:                                                             |                         | 0        |
| Ш       | Š.                                      | Account Name : C T CORPOR                                       | ATION SYSTEM            |          |
| ZE      | - 1) ( ) ( )                            | Account Number : FCA0000000                                     | 23                      | 2        |
| *****   | * * * * * * * * * * * * * * * * * * * * | Phone : (850)222-1                                              | .092                    | ,        |
| 111     | W.                                      | Fax Number : (850)878-5                                         | 368                     | 7        |
| W.      | 5 444                                   |                                                                 |                         | 4        |
| Li<br>Z |                                         | email address for this business report mailings. Enter only one |                         | re       |
|         | 2 8 3                                   |                                                                 | cmarr address brease."" |          |
|         | Email 1                                 | Address:                                                        |                         |          |

### LLC REGISTERED AGENT CHANGE BRISTOL ENVIRONMENTAL REMEDIATION SERVICES, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

12-22-14

### **COVER LETTER**

| TO: Registration Section Division of Corpo                   |                              |                                             |  |
|--------------------------------------------------------------|------------------------------|---------------------------------------------|--|
| Bristol Environ                                              | nmental Remediation Services | LLC                                         |  |
|                                                              | Name of Li                   | mited Liability Company                     |  |
| Dear Sir or Madam:                                           |                              |                                             |  |
| The enclosed Registered A                                    | gent/Registered Office Cha   | nge and fec(s) are submitted for filing.    |  |
| Please return all correspon                                  | dence concerning this matte  | er to the following:                        |  |
| Terri Clemens                                                |                              |                                             |  |
| N                                                            | ame of Person                | <del></del>                                 |  |
| Bristol Bay Resource Solution                                | ns, LLC                      |                                             |  |
| Fi                                                           | rm/Company                   |                                             |  |
| 1006 Floyd Culler Court                                      |                              |                                             |  |
|                                                              | Address                      |                                             |  |
| Oak Ridge, TN 37830                                          |                              |                                             |  |
| City/S                                                       | tate and Zip Code            | <del></del>                                 |  |
| telemens@speeproenv.com                                      |                              |                                             |  |
| E-mail address: (to be                                       | used for future annual repo  | ort notification)                           |  |
| For further information cor                                  | ncerning this matter, please | call:                                       |  |
|                                                              | ext (                        | ,                                           |  |
| Name of P                                                    |                              | Area Code & Daytime Telephone Number        |  |
| STREET/COURI                                                 |                              | MAILING ADDRESS:                            |  |
| Registration Section                                         |                              | Registration Section                        |  |
| Division of Corporations                                     |                              | Division of Corporations                    |  |
| Clifton Building<br>2661 Executive Ce<br>Tallahassee, Florid |                              | P.O. Box 6327<br>Tallahassee, Florida 32314 |  |
| Enclosed is a choc                                           | k for the following amoun    | <b>t:</b>                                   |  |
| S25 Filing Fee                                               |                              | ☐ \$55 Filing Fee & Certified Copy          |  |
| INHS18 (2/14)                                                |                              |                                             |  |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N                                                                  | ame of the limited liability company: Bristol Environm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ental Rem                                                             | ediation Se                                             | rvices, LLC                                                                                         |                                                     |                                             |                    |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------|--------------------|
| 2. (a)                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (h                                                                    | 1                                                       |                                                                                                     |                                                     |                                             |                    |
| (4)                                                                   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | (b)                                                     |                                                                                                     |                                                     |                                             |                    |
|                                                                       | 111 West 16th Avenue, Suite 400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       | 111 West                                                | 16th Avenue, Suite 40                                                                               | 0                                                   |                                             |                    |
|                                                                       | Anchorage, AK 99501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                     | Anchorage                                               | ., AK 99501                                                                                         |                                                     |                                             |                    |
|                                                                       | 06/08/2012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       | M12000003                                               | 3257                                                                                                |                                                     |                                             |                    |
| 3.                                                                    | Date of filing/registration in Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4.                                                                    |                                                         | Document number                                                                                     |                                                     |                                             |                    |
| s (a)                                                                 | Corporate Creations Network, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                         |                                                                                                     |                                                     |                                             |                    |
| 5. (a)                                                                | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                         | <b>c</b> :                                                                                          |                                                     |                                             |                    |
|                                                                       | Registered Office Address (MIIST BR FLORIDA STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ADDRESS                                                               | <u> </u>                                                | -                                                                                                   | الموجود                                             | <u></u> .                                   |                    |
|                                                                       | 1130 Prosperity Farms Road, #221E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                                         | _                                                                                                   |                                                     | +                                           |                    |
|                                                                       | Palm Beach Gardens , FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33410                                                                 |                                                         | _                                                                                                   | 3 -                                                 | J30                                         | 7]                 |
| 4.                                                                    | C T Corporation System                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                         |                                                                                                     |                                                     | 19                                          | ,<br>,<br>,        |
| (b)                                                                   | Enter name of NEW Registered Agent and/or NEW Registered Office address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                         | •                                                                                                   | 11                                                  | 52                                          | 1                  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                         |                                                                                                     |                                                     |                                             | <b>*</b>           |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                         | -                                                                                                   |                                                     | <br>Fr                                      |                    |
|                                                                       | NEW Registered Office Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                         |                                                                                                     |                                                     | -2                                          |                    |
|                                                                       | 1200 South Pine Island Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       | ·                                                       | -                                                                                                   |                                                     |                                             |                    |
|                                                                       | Plantation, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 33324                                                                 |                                                         | _                                                                                                   |                                                     |                                             |                    |
| the cha<br>agent v<br>was/we                                          | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited listere authorized by an affirmative vote of the members of<br>oles of organization or the operating agreement of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ws of the i<br>the regist<br>ability con<br>if the limi<br>limited li | tered office<br>mpany, it is<br>ted liabilit            | e and the business of<br>s hereby confirmed to<br>y company or as other                             | lice of the<br>hat the ch                           | e registe<br>ange(s)                        | red                |
| Signa                                                                 | ture of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                         | Printed or typed name of                                                                            | of signee                                           |                                             | _                  |
| I herei<br>provisi<br>the obt<br>to mere<br>notified<br>C T Co<br>By: | by accept the appointment as registered agent and agr<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>the reflect a change in the registered office address, I it<br>in writing of this change.<br>The state of the state of | ee to act i<br>performa<br>i for in Ci<br>nereby co                   | in this cape<br>nce of my c<br>hapter 605<br>nfirm that | acity. I further agre-<br>futles, and I am fam<br>, F.S. Or, if this doc<br>the limited liability o | e to comp<br>iliar with<br>nument is i<br>company h | ly with t<br>and acc<br>being fl<br>as beer | the<br>tepi<br>led |
| Signatu                                                               | re of Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                         |                                                                                                     |                                                     |                                             |                    |

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

#### **POWER OF ATTORNEY**

NOTICE IS HEREBY GIVEN THAT Bristol Bay Native Corporation (hereinafter BBNC), a corporation formed under the laws of the state of Alaska and the direct owner of the subsidiary entities shown on Schedule A attached hereto, does hereby appoint Nathan Giffin, Thomas Anderson, Carolina Botero and Alfred Younan, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for BBNC, to act for BBNC and in the BBNC's name for the limited purposes authorized herein

BBNC and its subsidiary entities fisted on Schedule A hereby grants to CT Corporation the limited power to act as its registered agent and execute the documents necessary to change the name of the registered agent to CT Corporation and address for the registered office to CT Corporation for all of BBNC's subsidiary entities listed on Schedule A in any state, as directed and authorized by BBNC.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Nathan Giffin, Thomas Anderson, Carolina Botero and Alfred Younan shall exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this th day of December 2014

Bristol Bay Native Corporation An Alaska Corporation as Sole Member and Sole Shareholder of the subsidiaries listed on Schedule A, attached hereto

Alamai Aadi Faasia

Name: April Fergusen

Title: Senior VP and General Counsel

State of Alaska

) 55.

Third Judicial District

On the 18th day of November before me, the undersigned, a Notary Public in and for said State, personally appeared April Ferguson personally known to me to be the person whose name is subscribed to the within instrument and acknowledged to me she executed the same in her authorized capacities and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed this instrument.

Vitness Napol see official seal.

Romina Bentz Notary Public in and for Alaska

My Commission Expires: October 19, 2018

### Schedule A

- 1. Aerostar SES, LLC
- Badger Technical Services, LLC
- 3. Bristol Bay Resource Solutions, LLC
- 4. Bristol Construction Services, LLC
- 5. Bristol Design Build Services, LLC
- 6. Bristol Engineering Services Corporation
- 7. Bristol Environmental Remediation Services, LLC
- 8. Bristol General Contractors, LLC
- 9. Bristol Industries, LLC
- 10. Bristol Prime Contractors, LLC
- 11. Bristol Site Contractors, LLC
- 12. Business Resource Solutions, LLC
- 13. CCI Construction Services, LLC
- 14. CCI Energy and Construction Services, LLC
- 15. CCI General Contractors, LLC
- 16. CCI Group, LLC
- 17. CCI Mechanical, LLC
- 18. CCI Solutions, LLC
- 19. DefendSafe, LLC
- 20. Eagle Applied Sciences, LLC
- 21. Eagle Medical Services, LLC
- 22. Glacier Technical Solutions, LLC
- 23. Glacier Technologies, LLC
- 24. MedPro Technologies, LLC
- 25. SES Civil Contractors LLC
- 26. SES Construction and Fuel Services, LLC
- 27. SES Electrical, LLC
- 28. SES Engineering and Design LLC
- 29. SpecPro Asset Management, LLC
- 30. SpecPro Environmental Services, LLC
- 31. SpecPro Management Services, LLC
- 32. SpecPro Professional Services, LLC
- 33. SpecPro Technical Services, LLC
- 34. SpecPro, Inc.
- 35. STS Solutions & Training, LLC
- 36. STS Systems Integration, LLC
- 37. TekPro Services, LLC
- 38. Vista Defense Technologies, LLC
- 39. Vista International Operations, Inc.
- 40. Vista Technical Services, LLC
- 41. Workforce Resources, LLC
- 42. Aerostar Perma-FIX TRU Services LLC

Ownership: Aerostar SES LLC 51%

Perma-Fix Environmental Services, Inc. 49%

43. BERS-Weston Services JVA, LLC

Ownership: Bristol Environmental Remediation Services (BERS) 51%

Weston Solutions, Inc. 49%

44. BERS-Weston Services JVB, LLC

Ownership: BERS 51%

Weston Solutions, Inc. 49%

45. Vista Chenhall's Tek Joint Venture LLC

Ownership: Vista International Operations 49%

Chenhall's Staffing Services, Inc. 51%