

4/18/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M17000000230

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

17 APR 18 AM 9:05

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CORPORATION STATE
DIVISION OF

**LLC REGISTERED AGENT CHANGE
CHARAH, LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

APR 19 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARAH, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CT Corporation

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

IN11518 (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. Name of the limited liability company: CIARAH, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

12601 PLANTSIDE DRIVE

LOUISVILLE, KY 40299

01/09/2017

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

12601 PLANTSIDE DRIVE

LOUISVILLE, KY 40299

M17000000230

3. Date of filing/registration in Florida 4. Document number

5. (a) _____ Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (MUST BE FLORIDA STREET ADDRESS):

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) _____ Enter name of NEW Registered Agent and/or NEW Registered Office address:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Jennifer Kurz- Secretary

Printed or typed name of signer

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.

By: C T Corporation System James M. Halpin Assistant Secretary
Signature of Registered Agent

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

17 APR 18 AM 9:05

FILED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Charah, LLC, a limited liability company formed under the laws of the Commonwealth of Kentucky does hereby appoint Stephanie Boehm, Audrea Alaniz, Sanjiv Rumesar, Margaret Mohan, Melissa Nolan, Jennifer Kurz, employees of CT Corporation and acting solely in the capacity as employees of CT Corporation, as attorney-in-fact for the company to act for the company and in the company's name for the limited purposes authorized herein.

The company and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the company's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state to CT Corporation, as directed and authorized by the company.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Stephanie Boehm, Audrea Alaniz, Sanjiv Rumesar, Margaret Mohan, Melissa Nolan, Jennifer Kurz 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 11th day of April, 2017.

Charah, LLC
A Kentucky limited liability company

By: Charles W. Price
Name: Charles W. Price
Title: Vice President

Commonwealth of Kentucky
County of Jefferson

On April 11, 2017, before me, the undersigned, a Notary Public in and for said State, personally appeared Charles W. Price, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed this instrument.

Witness my hand and official seal.

Steven A. Brehm, Notary

