orida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

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

Daniel 1	Address:		
PARIE LA	ACCIDENT		

REGISTERED AGENT CHANGE COVANTA PINELLAS, INC.

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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JAN 27 2010.

1/27/2010

COVER LETTER

TO:	Amendment Sec Division of Con	ction porations	
SURT	ECT:	Covanta Pinel	as, inc.
4020		Name of C	orporation
DOCU	JMENT NUMBE	R:P0	6000114274
The en	closed Statement	of Change of Registered Offic	e/Agent and fee are submitted for filling.
Picase	return all correspondent	ondence concerning this matte	r to the following:
		Name of Co	ntact Person
		Firm/C	ompany
		11,100	on party
		Ado	lress
		City/State a	nd Zip Code
		jgross@covan	taenergy.com
	E-m	ail address: (to be used for	inture annual report notification)
For fu	ther information	concerning this matter, please	call:
	Name of	Contact Person	at (
Enclos	ed is a \$35.00 che	ck made payable to the Depar	tment of State.
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Floric i under the laws of the State (l agent, or both, in the State (of Florida	
1 The name of t	he corporation:		Covanta Pinellas, Inc.		_
	office address: 40 LANE	RD FAIRFIELD N	J 07004		
3. The mailing a	ddress (if different);				
4. Date of incorp	poration/qualification:	09/01/2006	Document number:	P06000114274	
S. The name and Florida Depar	I street address of the cur tment of State: (If resign	rent registered agent ed, enter resigned)	and registered office on file	with the	
	CORPORATION SERV	ICE COMPANY		-	
	1201 HAYS STREET, S	UITE 105		_	
	TALLAHASSES FL 323	01		TALL	2010
6. The name and (if changed):	I street address of the nev	v registered agent (it	f changed) and for registered	office CRETAL AS	JAH 2
	C T Corporation System			SEE RY (~~: ~n
	e/o C T Corporation Syst	em, 1200 South Pine	Island Road	T S	ž
	Plantation, Florida 33324	P.O. Box NOT acc	eptable	OR IE	3: -
The street address changed will	ess of its registered office be identical.	e and the street add	lress of the business office (o) its registered ageni	•
Such change we suthorized by the	as authorized by resolut ac board, or the corpora	ion duly adopted by tion has been notifi	its board of directors or by ed in writing of the change.	an officer so	
intero	my tilaus	<u> </u>	Anthony LiCausi, Vi		
Signatu	ne office of director	internal acoust and a	Printed or typed name a		
I hereby accept I further agree of my duties, ar document is bet corporation ha C T Como	me appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writin tation System	islons of all statutes d accept the obliga- et a change in the re g of this change.	gree to act in this capacity, irelative to the proper and tion of my position as registered office address. I h	complete performand tered agent. Or, if the ereby confirm that the	is B
By:	maelle-		1/19/2018	0	
If signing on be Sament for	painte of Registery Agent chalf of an entity; as Jones, Assistant Socreta CT Corporation System 'yped or Printed Name	TY .	Dele		

* * * 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 (8/05)