P37930

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

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RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 9705.73 7400592				
AUTHORIZATION: Loubbleman				
COST LIMIT : \$35.00				
ORDER DATE : August 20, 2021				
ORDER TIME : 10:33 AM				
ORDER NO. : 970573-148				
CUSTOMER NO: 7400592				
	- -			
CHANGE OF AGENT				
NAME: WHEELABRATOR RIDGE ENERGY INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

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

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of DE ered agent, or both, in the State of Florida.	
1. The name of t	the corporation: WHEELABRATOR RIDG	GE ENERGY INC.	
2. The principal	office address: Drive Suite 310 Portsmouth, NH 03801		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 03/17/1992	Document number: P37930	
5. The name and		gent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD	SECRETAR)	G tree
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered ager	at (if changed) and /or registered office	
	Corporation Service Company		~=>
	1201 Hays Street		
		NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the street a be identical.	address of the business office of its registered ag	ent.
Such change wa authorized by h	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer so iffied in writing of the change.	
\sim	el Conei	Jill Cilmi, Vice President	
of my duties, and of my duties, and document is bein corporation has	oeen noujiea in writing of this change.	Printed or typed name and title If agree to act in this capacity, ttes relative to the proper and complete perform gation of my position as registered agent. Or, if Pregistered office address, I hereby confirm that	ance this the
Corporation	Service Company	08/26/2021	
Sign	ature of Registered Agent	Date	_
f signing on bel	nalf of an entity:		
Grace E. Kirby, <i>I</i>	Asst. Vice President		
Ту	ped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)