P9400034723

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only

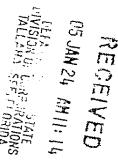


700044950927











| N SERVICE COMPANY. | | | | |
|---|--|--|--|--|
| ACCOUNT NO. : 072100000032 | | | | |
| REFERENCE : 140320 7463355 | | | | |
| AUTHORIZATION : Patricia typito | | | | |
| COST LIMIT : \$ 35.00 | | | | |
| ORDER DATE : January 12, 2005 | | | | |
| ORDER TIME : 10:08 AM | | | | |
| ORDER NO. : 140320-625 | | | | |
| CUSTOMER NO: 7463355 | | | | |
| CUSTOMER: Melissa Stevens Casella 25 Greens Hill Lane | | | | |
| Rutland, VT 05701 | | | | |
| CHANGE OF AGENT | | | | |
| NAME: RESOURCE RECOVERY SYSTEMS OF SARASOTA, INC. | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY | | | | |
| CONTACT PERSON: Darlene Ward EXT# 2935 | | | | |
| EXAMINER: | | | | |

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

| change is submi | provisions of sections 607.0502, 617.0502, 60 itted for a corporation organized under the law gistered office or registered agent, or both, in t | s of the State of Florida | atement of in order |
|---|--|---|---|
| 1. The name of | the corporation: RESOURCE RECOVERY SYS | TEMS OF SARASOTA, INC. | |
| 2. The principal | office address: 4700 Middle Road, Sara | asota, FL 34234 | |
| 3. The mailing a | address (if different): | | |
| 25 Greens | Hill Lane, Rutland, VT 05701 | · · · · · · · · · · · · · · · · · · · | |
| 4. Date of incorp | poration/qualification: May 9, 1994 | Document number: P94000034723 | |
| | d street address of the current registered agent artment of State: | and registered office on file with the | 6 |
| | C T Corporation System | | 生力 |
| | 1200 South Pine Island Road | TARY | FILED JAN 24 PM |
| | Plantation, FL 33324 | TO TU | |
| 6. The name and (if changed): | i street address of the new registered agent (if o | changed) and /or registered office | 3. 29 7. TF |
| | Corporation Service Company | · · · · · · · · · · · · · · · · · · · | |
| | 1201 Hays Street | - | |
| | (P.O. Box or personal mailbox | NOT acceptable) | |
| | Tallahassee, FL 32301 | | |
| The street addre | ess of its registered office and the street address identical. | ess of the business office of its registered ag | gent, as |
| ~ 1 | as authorized by resolution duly adopted by i | ts board of directors or by an officer so aut the change. | horized by |
| 110 | Signature of an officer or director) | Maureen Cullen, Attorney In (Printed or typed name and title) | Fact |
| I hereby accept I further agree duties, and I an being filed mer been notified in | the appointment as registered agent and agree to comply with the provisions of all statutes refamiliar with and accept the obligation of nely to reflect a change in the registered office writing of this change. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | iance of my document is ation has |
| By: M | Service Company (Signature of Registered Agent) | 1-19-05 (Date) | |
| If signing on be | chalf of an entity: | | |
| Michelle R. | Vannoy (Typed or Printed Name) | Asst. Vice President (Capacity) | |
| | (-)Log or y surrow storme) | (Capacity) | |

* * * FILING FEE: \$35.00 * * *