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4 JUL 22 MIII: 10

## REGISTERED AGENT CHANGE

SYNAGRO OF FLORIDA-A&J, INC.

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

this statement of a	change is submitted f	for a corporation or	02, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of ffice or registered agent, or both, in the State	
Florida.	in order to cha	nge us registerea o	HE OF PERISEPER Agent, OF DOWN, ME THE DIRECT	
	e comoration: Sypas	ge of Florida-A&J, Inc		
The name of the corporation: Synagro of Florids-A&cJ, Inc. The principal office address: 1800 Bering Dr, Suite 1000, Houston, TX 77057				
3. The mailing ad	dress (if different);_			
4. Date of incorpo	oration/qualification:	01/30/1997	Document number: P97000010744	
5. The name and Florida Depart		current registered a	gent and registered office on file with the	
		Corporation Service C	Company	
<del></del>		1201 Hayes S	t	
		Tallahassee, FL 3	2301	
6. The name and changed):	street address of th	e new registered a	gent (if changed) and /or registered office (if	
		C T Corporation S	ystem	
		c/o C T Corporation	System	
_		. Box or personal maribox N	O'l' acceptable)	
	I200 South	Pine Island Road, Plan	ration, Florida 33324	
			ddress of the business office of its registered	
b			by its board of directors or by an officer so fied in writing of the change. Jennifer Sinski, Secretary	
	harring of vice chairman of the		(Printed of Typed name and title)	
I hereby accept to I further agree of performance of registered agent, office address, I I	He appointment as re comply with the pro ty duties, and I am fi Or, if this documen vereby confirm that to provide System	egistered agent and visions of all statu amiliar with and it is heing filed mer the corporation has	agree to act in this capacity, tes relative to the profer and complete cept the obligation of my position as ely to reflect a change in the registered been notified in writing of this change.	
Ву:	use Bell	<u> </u>	7/19/64	
, , , , , , , , , , , , , , , , , , , ,	samm of Registation Agent)	Denise Bo	(Dáte) *	
If signing on behalf	n an endry:	Assistant Sec		
(Typ	and or Printed Name)	- Maintain F	(Capacity)	
	**	* FILING FEE: S	35.00 * * *	

MAKE CHECKE PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIMISION OF CORFORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314