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022 JUN			
22		ail Address:	
AM II:		the email address for this business entity to be qual report mailings. Enter only one email addre	
	AT.		
<u>—</u>	. i	Fax Number : (614)573-3996	- 0
		Phone : (954)208-0845	PAK
		Account Number : FCA00000023	
	ri olli.	Account Name : C T CORPORATION SYSTEM	
	From:	• ,	
		Fax Number : (850)617-6380	
		Division of Corporations	
	To:		2022

REGISTERED AGENT CHANGE

VEOLIA WATER CONTRACT OPERATIONS USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

please honor the original filing date of 6/7/22, thanks!

A. RAMSEY
JUN 2 3 2022

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By:

FL065 - 06/19:2020 Walters Klower Orline

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of DELAWARE ered agent, or both, in the State of Florida.	,	
1. The name of t	he corporation: VEOLIA WATER CONT	RACT OPERATIONS USA. INC.		
2. The principal	office address: 461 FROM ROAD, SUITE	400, PARAMUS. NJ 07652	_	
3. The mailing a	ddress (if different):			
4. Dateofincorpo	oration/qualification: 10/19/2009	Document number: F09000004122	_	
	d street address of the current registered attended to the total state; (If resigned, enterresigned, enterresisted, entereresisted, enterresisted, enterresisted, enterresisted, enterresi	gent and registered office on file with the d)		
	CORPORATION SERVICE COMPANY			
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301			
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged): C T Corporation System 1200 South Pine Island Road P.O.Box NOT acceptable Plantation, Florida 33324				
	C T Corporation System		. [
	1200 South Pine Island Road		, J	
	P.O.Bo Plantation, Florida 33324	NOT acceptable	<u>.</u> 5	
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its registered agen	Ē.	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so officed in writing of the change.		
Saloina Amenta-Gr	re of an officer or director	SALVINA AMENTA-GRAY, VICE PRESIDENT Printed or typed name and title		
I hereby accept I further agree to of my duties, and document is bei	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change	d agree to act in this capacity. utes relative to the proper and complete performan igation of my position as registered agent. Or, if th e registered office address, I hereby confirm that th	ce iis ie	
Salvina Amento-Gr	ndure of Registered Agent	06/06/2022 Date		
	half of an entity:	-		
SALVINA AME	•			
	yped or Printed Name			
	* * * FILING FE	CE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314