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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000171033 3)))



H110001710333ABCR

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone

Fax Number

: (850)878-5368

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

| Table 1 | Address: | | |
|---------|----------|--|--|
| Emall | AddTess: | | |

REGISTERED AGENT CHANGE EHS SUPPORT, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

COVER LETTER

| TO: | Amendment Se Division of Co | ection corations | | | | |
|----------------------------|---|---|--|-----------|--|--|
| SUBJECT: EHS SUPPORT, INC. | | | | | | |
| | | Name of | Corporation | | | |
| DOCU | UMENT NUMB | ER:F | 10000004191 | | | |
| The er | iclosed Statemen | of Change of Registered Offi | ce/Agent and fee are submitted for filing | g. | | |
| Plcase | return all corres | condence concerning this matt | er to the following: | | | |
| | | | | | | |
| | *************************************** | Name of C | ontact Person | | | |
| | Firm/Company | | | | | |
| | Address | | | | | |
| | - | | | | | |
| | | City/State | and Zip Code | | | |
| | | | support.com | | | |
| | E-n | nail address: (to be used for | future annual report notification) | | | |
| For fu | rther information | concerning this matter, please | call: | | | |
| · 184 -1-1-1-1 | | | at () Area Code & Daytime Telephor | - N/ | | |
| | Name o | Contact Person | Area Code & Daytime Telephor | ie number | | |
| Enclos | ed is a \$35.00 ch | eck made payable to the Depa | runent 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 Cu Tallahassee, FL 32301 | rcle | | |

CR28045 (8/05)

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

| statement of change i | isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Si is submitted for a corporation organized under the laws of the State of $\frac{P_d}{r}$ change its registered office or registered agent, or both, in the State of Fl | A |
|--|--|---|
| | orporation: EHS SUPPORT, INC. | |
| | e address: 110 KENTZEL ROAD PITTSBURGH PA 15237 | |
| 3. The mailing address | ss (if different): | |
| 4. Date of incorporati | ion/qualification: 09/20/2010 Document number: | F10000004191 |
| | et address of the current registered agent and registered office on file with at of State: (If resigned, enter resigned) | ı the |
| RO | AZA, HONESTO | |
| 110: | 3 GROVELAND HILLS DRIVE | |
| TAL | LLAHASSEE FL 32317 US | |
| 6. The name and stree (if changed): | et address of the new registered agent (if changed) and/or registered offic | ₽% ± |
| CT | Corporation System | |
| c/o (| C T Corporation System, 1200 South Pine Island Road | 129 139 |
| Plan | P.O. Box NOT acceptable mation, Florida 33324 | |
| The street address of | fits registered office and the street address of the business office of its dentical. | registered agent, 55 |
| Such change was authorized by the bo | thorized by resolution duly adopted by its board of directors or by an coard or the corporation has been notified in writing of the change. | officer so |
| La gradure or a | a officer of three to the EG | AN, CFO |
| I hereby accept the a I further agree to con of my duties, and I a document is being fu corporation has been | appointment as registered agent and agree to act in this capacity, wholy with the provisions of all statutes relative to the proper and comming familiar with and accept the obligation of my position as registered led merely to reflect a change in the registered office address, I hereby a notified in writing of this change. | plete performance agent. Or, if this confirm that the |
| By: C T Coppe | oration System Col 29 26 11 Of Registered Agent Date | |
| Soe | of an entity: IAMES M. NEWSOME Clai Assistant Secretary Printed Name | |

* * * FILING PEE: \$35.60 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)