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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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

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LLC REGISTERED AGENT CHANGE REMEDIAL SYSTEMS INTEGRATED LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

r norma 1 No	ime of the limited liability company: $ {\sf R} $	emedial :	System	s Integrated LLC
2. (a)	mile of the milited hazardy company.			Mailing address of limited liability company:
. (47)	Principal office address of limited liabili (Note: MUST BE STREET ADD			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	07/06/2016		L160	000130664
3.	Date of filing/registration in Fl	orida	4.	Document number
5. (a)	YUDOVA, MARIYA			
	Registered Agent and Registered Office shown of	on the records of the	Florida Dept o	f State
	18937 TWINBERRY DR			
	Registered Office Address (MUST BE FLO)	RID <u>a STREET AD</u>	(DRESS)	SEQUENCE FINALLY
	TAMPA	, FL_3	3647	ILED 3: 20
<i>(</i> 1-1)	Registered Agents Inc			19 3 0
(b)	Enter name of NEW Registered Agent and/or?			
	3030 N. Rocky Point			— DA
	NEW Registered Office Address.			
	STE 150A			_
	Tampa	, FL_3	3607	
the ch	limited liability company is not organize ange or changes are made, the Florida st	d under the laws reet address of the orida limited liab the members of	s of the State he registered pility compan the limited li	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
_			Riley Pa	rk
Sign	ature of a member or authorized representative of	a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - President

Signature of Registered Agent