

L12000087277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

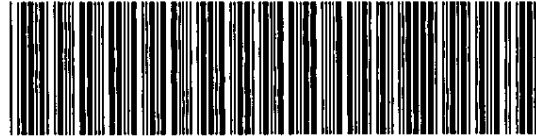
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800267286368

12/12/14--01001--018 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 12 AM 11:35

C.L.
12-12-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urban Environmental of Central Fl., LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Russell P. Kitner
Name of Person

Urban Environmental of Central Florida, LLC.
Firm/Company

100 IDYLLWILDE DR.
Address

SANFORD, FL. 32771
City/State and Zip Code

service@urbanenvironmental.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell P. Kitner at (407) 328-9787
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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.

1. Name of the limited liability company: Urban Environmental of Central FL, LLC.

2. (a) 100 IDYLLWILDE DR.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

SANFORD, FL. 32771

(b) P.O. Box 471323

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

LAKE MONROE, FL. 32747

3. 12/1/2014

Date of filing/registration in Florida

4. L12000087277

Document number

5. (a) Stefanie KITNER.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 IDYLLWILDE DRIVE.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SANFORD

, FL 32771

(b) RUSSELL P. KITNER.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

(REMAIN
SAME)

NEW Registered Office Address:

100 IDYLLWILDE DR.

SANFORD

, FL 32771

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 12 AM 11:35

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Stefanie
Signature of a member or authorized representative of a member

STEFANIE KITNER

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.

[Signature]
Signature of Registered Agent