## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

from:

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Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

<b>Email</b>	Address:		

## REGISTERED AGENT CHANGE TRACE ENVIRONMENTAL SYSTEMS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

SUBJECT: TRACE ENVIRONMENTAL SYSTEMS, INC. Name of Corporation
DOCUMENT NUMBER: F14000004554
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firn/Company
5301 Southwest Pkwy Suite 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo at ( 888 ) 705-7274
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of New Jersey		
<u> </u>		ce or registered agent, or both, in the State of Florida.		
		/IRONMENTAL SYSTEMS, INC.		
2. The principal SPARTA, NJ 07	office address: 7 PARK LAN 871	E RD., UNIT 9		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/27/	2014 Document number: F14000004554		
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)		
	REGISTEREED AGENT SO	LUTIONS, INC.		
	155 OFFICE PARK DR. SUITE A			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	d street address of the new reg	gistered agent (if changed) and /or registered office		
	Registered Agent Solutions, I	nc.		
	2894 Remington Green Ln. S	te. A		
		P.O. Box NOT acceptable		
	Tallahassee, FL 32308			
The street addre	ess of its registered office an- be identical.	d the street address of the business office of its registered agent.		
Such change was authorized by th	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.		
Isl Mackenz	_	Mackenzie Hibler, Authorized Person		
Signatu	re of an officer or director	Printed or typed name and title		
l further agrée i of my duties, an docúment is bei	the appointment as registere to comply with the provision d I am familiar with and acc ng filed merely to reflect a c s been notified in wr ling of t	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.		
Ma		12/22/2023		
Sign I Cairming an ba		Date		
	half of an entity:			
	er, Assistant Secretary	TOTAL PROPERTY.		
1;	yped or Printed Name			