Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000065746 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

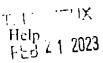
Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

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

Email Address:			
2			2023
5.1.5	LLC REGISTERED AC ADVANCED ENVIRONMENTA		FFB 20
,	Certificate of Status	0	
- مسامه	Certified Copy	l l	35 <del>-</del>
2023	Page Count	02	47
C	Estimated Charge	\$55.00	

Electronic Filing Menu

Corporate Filing Menu



## 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.

l. N	ame of the limited liability company: ADVANCED EN	VIRONNIEN I AL	TECHNOLOGIES, LLC		
2. (a)		(b)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)			
	4864 CORLETT STREETTALLAHASSEE, FL 32303	4864 CC	ORLETT STREETTALLAHASSEE, FL 32303		
	01/15/2002	L0200000	01313		
-	Date of filing/registration in Florida	4.	Document number		
: (1)	Chad Gunter				
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS <sub>I</sub>	<u> </u>		
	4864 CORLETT STREETTALLAHASSEE, FL_	32303			
<i>(</i> L)	C T Corporation System		en e e		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	2023 F = 3 2		
	NEW Registered Office Address:		20 &		
	1200 South Pine Island Road				
	Plantation, FL	33324			
he cha agent was/w he art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the /s/ Paul Coscia	vs of the State of the registered of ability company, if the limited liab limited liability of	Florida, it is hereby confirmed that after fice and the business office of the registere it is hereby confirmed that the change(s) illity company or as otherwise provided in		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to act in this c	capacity. I further agree to comply with the		