## L06000008736

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations		•	
SUBJECT: CBM Environmental Service (Name of	es of Florida Limited Liabil		
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:	
Catherine A. Bateman			
(Name of Person)			
CBM Environmental Services of Florid (Firm/Company)	da, LLC	<del></del>	O7 JUL 31 PH 12: 05 SECKE JARY OF STAT TALLAHASSEE, FLORE
(			HASS
11437 Central Pkwy., Suite 6		_	SEE P
(Address)		- <del></del>	
Jacksonville, Fl. 32245			JUL 31 PH 12: 05 AHASSEE, FLORIDA
(City/State and Zip Code)		<del></del>	Þ
For further information concerning this mat	ter, please call	:	
Catherine A. Bateman	_ at ( <u>904</u>	) <del>673-1551</del>	
(Name of Person)		(Area Code & Daytime T	'elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	<b>✓</b> \$5	5 Filing Fee & Certified	Сору

İNHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company	is: CBM Environmental Service of Florida	a, LLC
2. The mailing address of the limited liability	company is: 11437 Central Pkwy., S	Suite 6
Jacksonville, Florida 32224		· · · · · · · · · · · · · · · · · · ·
January 19, 2006	L06000008736	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re- Florida Department of State:	gistered office address as shown on	the records of the
Diane Quiett		
	Name	
6728 Long Meado		
	Address	TAS O
Jacksonville Florida 32244		
Ci	y, State and Zip	
6. The name and address of the new registered	JUL 31 PI	
J. Kendrick Tucker	E P	
1983 Centre Pointe	Name Blvd., Suite 200	JUL 31 PH 12: 05 CRETARY OF STATE LAHASSEE, FLORIDA
Florida street addr	ess (P.O. Box NOT acceptable)	)5 RIDA
Tallahassee,	FL 32308	
City	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability comparor the operating agreement of the limited liabi	made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized by or as otherwise provided in the allity company.	the registered office a Florida limited by an affirmative vote
(Signature of a member or authorized representative of a men	mber)	
Catherine Anita Bateman		
(Printed or typed name of signee)	land de 144 f com right yn 200 DA 25 feir yn y differniaidd ariae.	
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	l agent and agree to act in this capa tive to the proper and complete perf ons of my position as registered age og filed to merely reflect a change in ility company has been notified in w	city. I further agree to ormance of my duties, int as provided for in the registered office riting of this change.
(Signature of Registered Agent)	<del></del>	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00