

| (Re                     | equestor's Name)                      |             |  |
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| (Cit                    | ty/State/Zip/Phon                     | e #)        |  |
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| Certified Copies        | _ Certificate:                        | s of Status |  |
| Special Instructions to | Filing Officer:                       |             |  |
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**EXAMINER** 



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SECRETARY OF STATE

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |  |
|--|---|--|
| SUBJECT: Quality Environmental Techn (Name of Lin  | ologies, LLC nited Liability Company)   |  |
| Dear Sir or Madam:   |   |  |
| The enclosed Registered Agent/Registered Off   | fice Change and fee(s) are submitted for filing.  |  |
| Please return all correspondence concerning th   | is matter to the following:   |  |
| Laurie Chambless (Name of Person)  | <del> </del>  |  |
| (Name of Person)   |   |  |
| Quality Environmental Technologies, Ll (Firm/Company)  | <u>_C</u>   |  |
| 13820 Old St. Augustine Rd. Suite 113 23   | 36  |  |
| (Address)  |   |  |
| Jacksonville, FL 32258   |   |  |
| (City/State and Zip Code)  |   |  |
| For further information concerning this matter   | , please call:  |  |
| Laurie Chambless   | at (904 ) 504-3190  |  |
| (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  |  |

INHS18 (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  | y company is: Quality Env   | ironmental Technologies, LLC  | <u> </u>  |
|---|---|---|---|
| 2. The mailing address of the limit   | ted liability company is:   | 13820 Old St. Augustine Rd. Suite   | 113 236   |
| Jacksonville, FL 32258  |   |   |   |
| March 18, 2008  |   | L08000028280  |   |
| 3. Date of filing/registration in Florida 4. Document num   |   | 4. Document number  |   |
| 5. The name of the registered agent Florida Department of State:  | t and the registered office   | address as shown on the records   | s of the  |
| •   | l A. Chelette   |   |   |
|   | Name  | · · · · · · · · · · · · · · · · · · ·   |   |
| 31 Jack   | son Ave. Address  |   | <b>©</b> .  |
| Ponte Vedre Beach, FL 32087   |   |   | 90<br>Siği  |
| 101100  | City, State and Z   | Tip   | SION O  |
| 6. The name and address of the nev  | w registered agent and/or   | office:   | R 21  |
| <u>Laurie M</u>   | M. Chambless  | <u> </u>  | - Res   |
| 10000   | Name  | 440.000   | 99 PER ST   |
|   | Old St. Augustine Rd. Sui   | <del></del>   | . <b>9.</b>   |
| riorida   | street address (P.O. Box  | NOT acceptable)   | <b>f</b> 200  |
| Jackson   | ville FL 322  | 58  |   |
|   | City, State and Zi  | p   |   |
| If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby conforthe members of the limited liab or the operating agreement of the limited liability. | changes are made, the Flotered agent will be identifirmed that the change(s) ility company or as other limited liability company. | orida street address of the register<br>cal. Or, in the case of a Florida l<br>was/were authorized by an affirn<br>wise provided in the articles of or                                    | red office<br>imited<br>native vote                                       |
| Laurie M. Chambiess   |   |   |   |
| (Printed or typed name of signee)   |   | •   |   |
| I hereby accept the appointment a comply with the provisions of all stand I am familiar with and accept Chapter 608, F.S. Or, if this document address, I hereby confirm that the   | tatules relative to the pro<br>the obligations of my pos<br>ment is being filed to mer<br>limited liability company               | ree to act in this capacity. I furt<br>per and complete performance of<br>ition as registered agent as provi<br>ely reflect a change in the registe<br>has been notified in writing of th | her agree to<br>f my duties,<br>ided for in<br>ered office<br>iis change. |
| Fauri M. Char. (Signature of Registered Agent)  | nbles   |   |   |

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