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| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: Ecological Se Name of Li | mited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning to | nis matter to the following: | | |
| Cruq N. Huegel Name of Person | | | |
| Ecological Services Firm/Company | Associates | | |
| 9900 133 rd St. H. Address | | | |
| Seminole FL 33776 City/State and Zip Code | | | |
| h dinkler @ ecological sa.com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Hugh D. Dinkler | at (941) 330 - 5549 | | |
| 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: | | | |
| 上 \$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 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. Name of the limited liability company: <u>Ecological</u> | al Services Associates, LLC |
|--|--|
| 2. (a) Principal office address of limited liability company: | 280 Abalone Rd |
| (Note: MUST BE STREET ADDRESS) | Venice FL 34293 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | same as above |
| 06/01/2009 | L09000053079 |
| 3. Date of filing/registration in Florida 4 | . Document number |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: |
| Registered Agent: | Craig N. Huegelzin |
| Registered Office Address: | 9900 13300 St. N 57 8 77 Seminale FI 57 8 77 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> | 2017 |
| NEW Registered Agent: | Hugh D. Dinkler & a |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 280 Abolone Rd |
| | Venice ,FL 34293 |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. | orida street address of the registered office |
| Signature of a member or authorized representative of a member Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. |
| Signature of Registered Agent Division of Corporations, P.O. Box 632 | 27, Tallahassee, FL 32314 |

FILING FEE: \$25.00