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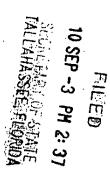
(Req	questor's Name)				
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(City	//State/Zip/Phone	#)			
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S. HAWKES
SEP 07 2010
EXAMINER

COVER LETTER

Division of Corp	orations				
SUBJECT:	Ashb	ritt En	vironi	mental.	LLC
	SJECT: Ashbritt Environmental, LLC Name of Limited Liability Company				
Dear Sir or Madam:					
Dear Sir of Iviadami.					
The enclosed Registered	d Agent/Registered (Office (Change	and fee(s) are submitted for filing.
Please return all corresp	ondence concerning	this m	atter to	the follo	wing:
Michael	W. Moskowi <u>tz, Es</u> c	3 .			
	ame of Person	•			
	dell, Salim & Simo	witz, P	.A.		
F	rm/Company				
800 Corpo	rate Drive, Suite 5	00			
	Address				
	derdale, FL 33334	4			
City/S	state and Zip Code				
mmoskov E-mail address: (to be use	witz@mmsslaw.co	m notificatio	on)		
2 man address. (to be as	a for fatale annual report.	.iourioum	,		
For further information	concerning this matt	ter, plea	ase call	:	
Michael W. I	Moskowitz	_ at (_	954	_)	491-2000
Name of Pe	rson			Area Code	& Daytime Telephone Number
STREET/COUR	IER ADDRESS:		MA	JLING A	ADDRESS:
Registration Secti		Registration Section			
Division of Corpo		Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive C			Tall	lahassee,	Florida 32314
Tallahassee, Flori	da 32301				
Enclosed is a check for the following amount:					
\$25 Filing Fe	e		\$5	5 Filing	Fee & Certified Copy

TO: Registration Section

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.

Name of the limited liability company:	Ashbritt Environmental, LLC		
2. (a) Principal office address of limited liability comp	any:		
(Note: MUST BE STREET ADDRESS)	480 South Andrews Avenue, State 103 Pompano Beach, FL 33069		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	480 South Andrews Avenus Suits 103 Pompano Beach, FL 33065		
12/16/2009	L09000119390		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:		
Registered Agent:	CFRA, LLC		
Registered Office Address:	Corporate Center Three at Intl. Plaza 4221 W. Boy Scout Blvd., 10th Floor Tampa, FL 33607-5736		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Michael W. Moskowitz		
NEW Registered Office Address:	800 Corporate Drive, Suite 500		
(MUST BE FLORIDA STREET ADDRESS)	Fort Lauderdale ,FL33334		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited trability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e Florida street address of the registered office		
Randal R. Perkins			
Printed or typed name of signee I hereby accept the appointment as registered agent an comply with the provisions [0] all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, K.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp. Signature of Registered Agent	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.		

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

INHS18 (05/08)