## 11000127810

(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE TALL ANASSEE, MUORIDA

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: True Green Environmental Solutions LLC.  Name of Limited Liability Company		
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:		
Tim Am An Name of Person		
True Green Environmental Solutions LL C Pirm/Company		
4350 NW 19Th Ave STED		
PomPano Brach F1 33064 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tim AmAn at (954) 973 · 4200  Name of Person at (954) 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 & 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: 1/006/10	en Environmental Solutions LLC
2. (a) Principal office address of limited liability compan	y: 4350 NW19Th Ave STE 6
(Note: MUST BE STREET ADDRESS)	PomParo Beach F1 33064
(b) Mailing address of limited liability company:	4350 NW 19Th Ave STED Pompano Brack F1 33064
(Note: MAY BE POST OFFICE BOX)	Po-PANO BRACK F1 33064
1 2 6 12 3. Date of filing/registration in Florida	<u>L//000/278/0</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lea(A) ZOOM UNITED STATES CO. POLATION AbenTSIN
Registered Office Address:	13302 Windink OAK COU-T Suite A TAMPA F1 33612
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	
NEW Registered Agent:	TimAmAn
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4350 NW19Th AUR STED PORPANO BRACK FL 33064
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  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 a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my package of the confirmation of the limited liability company address, I hereby confirm that the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization
Signature of Registered Agent	•