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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

REFERENCE : 271659 8353556 AUTHORIZATION : COST LIMIT : \$ 25.00 · ORDER DATE: January 17, 2024 ORDER TIME : 1:18 PM

CHANGE OF AGENT

ORDER NO. : 271659-005

CUSTOMER NO: 8353556

NAME: GATOR ENVIRONMENTAL SERVICES

ACCOUNT NO. : I2000000195

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. Na	ame of the limited liability company:	GATOR ENVIRO	NMENT	AL SERVI	CES LLC			
2. (a)	500 N. Westshore Blvd. Ste. 435							
- . (w)	Principal office address of limited li (Note: MUST BE STREET)		_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	TAMPA, FL 33609 TAMP				A, FL 33609			
	10/27/2015		-	L1500018				
3.	Date of filing/registration in	ı Florida	4.		Document nu	ımber		
5. (a)	Registered Agent and Registered Office sho				_			
	Registered Agent and Registered Office sho NATIONAL REGISTERED AGENT		e Florida	Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 S PINE ISLAND RD			-				
	PLANTATION	cı (33324	, , ,	_			
	Enter name of <u>NEW Registered Agent</u> and Corporation Service Company	or <u>NEW Registered (</u>)ffice adc	lress:				
	NEW Registered Office Address:				_		င်၁	
	1201 Hays Street				PH 3:			w · ·
	Tallahassee	, FL.	32301		STATE		3: 56	
hange igent v vas/we	imited liability company is not organ or changes are made, the Florida strevill be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating	eet address of the r Florida limited liab of the members of	egistere oility cor the limi	d office and upany, it is ted liability	d the business s hereby confi y company or	office o	of the re at the c	egistered hange(s)
	/S/ John Wilson		John	Wilson, A	uthorized Per			
-	ure of a member or authorized representative				Printed or type		_	
rovisi he obl. o mere	by accept the appointment as register ons of all statutes relative to the propigations of my position as registered live reflect a change in the registered lin writing of this change.	ed agent and agree oer and complete p agent as provided office address, I he	e to act i erforma for in Ci reby coi	in this capa nce of my c hapter 605 nfirm that i	ncity. I furthe luties, and I a , F.S. Or, if t the limited lia	r agree l m famili his docu bility co	to comp iar with ment is mpany	ply with the and accept being filed has been
	Drace L. Kuby		C	Grace E. Ki	irby, Asst. Vi	ce Presid	lent	
Signatu	re of Registered Agent							

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