

L16000137793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

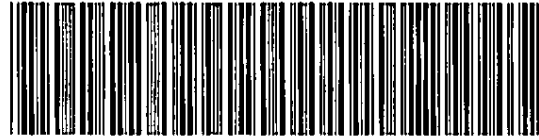
(Business Entity Name)

(Document Number)

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AND  
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2019 JUN -3 AM 11:59  
NOTARIAL PUBLIC  
STATE OF ARIZONA

T GLASS

JUN 04 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2019

ROBIN MICHEL  
908 FOSTORIA DRIVE  
MELBOURNE, FL 32940

SUBJECT: DISINFECTION TECHNOLOGIES GROUP OF FLORIDA, LLC  
Ref. Number: L16000137793

We have received your document for DISINFECTION TECHNOLOGIES GROUP OF FLORIDA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 719A00009463

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JUN 03 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Disinfection Technologies Group of Florida, 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:

Robin Michel

Name of Person

Disinfection Technologies Group of Florida, LLC

Firm/Company

908 Fostoria Drive

Address

Melbourne, FL 32940

City/State and Zip Code

robin@disinfectiontechnologies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robin Michel

at ( 443 ) 243-9913

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

*\$35 previously mailed*

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AND  
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**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. Name of the limited liability company: Disinfection Technologies Group of Florida, LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>28 Allegheny Ave., Suite 1207</u> <u>Towson, MD 21204-3919</u>	(b) _____ Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>28 Allegheny Ave., Suite 1207</u> <u>Towson, MD 21204-3919</u>
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3. <u>July 15, 2016</u> Date of filing/registration in Florida	4. <u>L16000137793</u> Document number
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5. (a) Robin D Michel  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

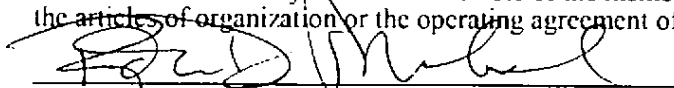
6285 VectorSpace Blvd., Suite 100  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Titusville, FL 32780

(b) Robin D Michel  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

908 Fostoria Drive  
NEW Registered Office Address:  
Melbourne, FL 32940

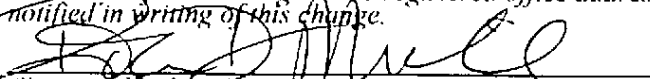
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TALLAHASSEE, FL  
FLOIDA DEPT. OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Robin D Michel  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent