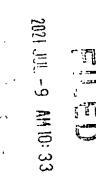
L17000109490

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



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MINITORINED

SEELING

JUL 12 2021 I ALBRITTON CORPORATION SERVICE COMPANY
1201 Hays Street
Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 898761 4324340

AUTHORIZATION

COST LIMIT

ORDER DATE : July 9, 2021

ORDER TIME : 11:01 AM

ORDER NO. : 898761-005

CUSTOMER NO: 4324340

CHANGE OF AGENT

NAME:

SOUTHEAST ORGANIC EROSION & POLLUTION CONTROL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

	istration Section ision of Corporations								
SUBJECT:	Southeast Organic Erosion 8	Pollution Control,	LLC						
	Name of Limited Liability Company								
Dear Sir or i	Madam:								
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.						
Please return	n all correspondence concernin	g this matter to the	following:						
Marc Owens	sby								
	Name of Person								
Consolidate	d Resource Recovery, Inc.								
	Firm/Company								
3025 Whitfie	eld Avenue								
	Address	_							
Sarasota, Fl	L 34243								
	City/State and Zip Coo	le							
marc.owens	by@veransa.com								
E-mail	address: (to be used for future	annual report notif	ication)						
For further in	nformation concerning this made	ter, please call:							
Marc Owens	sby	240 at (899-1520						
	Name of Person	u (Area Code & Daytime Telephone Number						
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Encl	osed is a check for the follow	ing amount:							
□ \$2	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy						
INHS18 (2/14))								

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. N	ame of the limited liability company: Southeast Orga	nic E	rosi	on & Pollu	ition Control,	LLC		
2. (a)	6727 CR 579		(b	6727 CF	R 579			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(.	· · · · · · · · · · · · · · · · · · ·		ss of limited liab	-	
	SEFFNER, FL 33584			SEFFNE	ER, FL 33584	1		·
	05/18/2017	<u> </u>		L1700010	09490			
3.	Date of filing/registration in Florida	4.			Document	number		
5. (a)	Registered Agent and Registered Office shown on the records of Lehman, Thomas				ate:			
	Registered Office Address (MUST BE FLORIDA STREET)	1DDR	ESS	<u>}</u>		,	2	
	201 S Biscayne Blvd, 22nd floor				_	-	2021 JUL -9	
	Miami FI	3313	1					1979
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office	ade	dress:		60 200 60 50 50 50 50	9 AH 10: 33	
	NEW Registered Office Address:				_			
	1201 Hays Street	_			_			
	Tallahassee, FL_	3230	1	<u></u>	_			
change agent v was/we the arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the laws of a member or authorized representative of a member	regist bility f the l limite <u>^</u>	ere cor limi d li	d office ar npany, it i ted liabilit ability cor Owensby	nd the busines is hereby con ty company o mpany. Printed or typ	ss office of the firmed that the firmed that the firmed that the firmed as otherwise the firmed and firmed firmed that the firmed firme	ie regis ne chan se provi	tered ge(s) ded in
the oblice of th	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to e perfor for it ereby	act ma n Ci r coi	in this cap nce of my hapter 602 nfirm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	ner agree to c am familiar This document ability compo	omply with an it is bei	with the d accept ing filed been