

L17000157196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

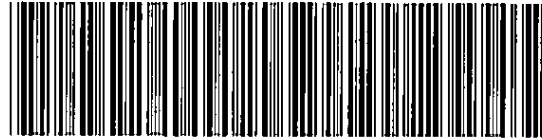
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL -9 AM 10:30

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CLERK OF SUPERIOR COURT
JALAPISCO, TEXAS

RH/KC/ch8

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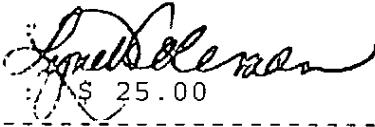
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 898761 4324340

AUTHORIZATION

COST LIMIT : \$ 25.00



ORDER DATE : July 9, 2021

ORDER TIME : 11:05 AM

ORDER NO. : 898761-020

CUSTOMER NO: 4324340

CHANGE OF AGENT

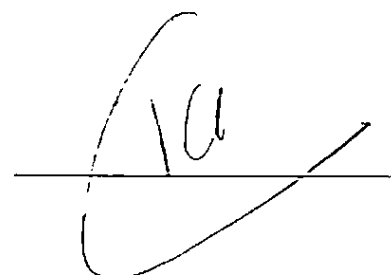
NAME: FLORIDA ORGANIC COMPOST, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Organic Compost, 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:

Marc Owensby

Name of Person

Consolidated Resource Recovery, Inc.

Firm/Company

3025 Whitfield Avenue

Address

Sarasota, FL 34243

City/State and Zip Code

marc.owensby@veransa.com

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

For further information concerning this matter, please call:

Marc Owensby

at (240) 899-1520

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 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 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: Florida Organic Compost, LLC

2. (a) 6727 CR 579 (b) 6727 CR 579

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

SEFFNER, FL 33584

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

SEFFNER, FL 33584

07/21/2017

L17000157196

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:
Lehman, Thomas

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

201 S Biscayne Blvd, 22nd floor

Miami, FL 33131

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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

Marc Owensby

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

Eylina Baker
Assistant Vice President

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