## 118000 191222

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 23, 2020

TREVOR ROBERTS SOIL TECH SOLUTIONS, LLC 706 MANDARIN STREET LAKE PLACID, FL 33852

SUBJECT: SOIL TECH SOLUTIONS, LLC

Ref. Number: L18000191222

We have received your document for SOIL TECH SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6050.

Letter Number: 720A00012437

Shelia H Young Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Section Division of Corporations		g e e e e e e e e e e e e e e e e e e e
SUBJI			
	Nai	me of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the f	ollowing:
Trevor	Roberts		
	Name of Person		<del></del>
Soil Te	ech Solutions, LLC		
	Firm/Company		_
706 Ma	andarin Street		
	Address		<del></del>
Lake P	lacid, FL 33852	,	
	City/State and Zip Code		_
troberts	s4917@yahoo.com		
<del></del>	-mail address: (to be used for future and	nual report notific	cation)
For fur	rther information concerning this matter	, please call:	
Trevor	Roberts	863 at (	441-4917
	Name of Person	ai (	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	g amount:	
(INHS1	\$25 Filing Fee	□ \$5	5 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. Na	ame of the limited liability company: Soil Tech Soil	lutions, LLC		
2. (a)		(	b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	706 Mandarin Street		P.O. Box 1	774
	Lake Placid, FL 33852		Lake Placic	i, FL 33862
	June 2, 2020		L180001912	22
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Trevor Roberts			
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florid	la Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4th Street North			. 2
	St. Petersburg	. FL_33702		100 JUL
(b)	Trevor Roberts			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office 2	ddre <u>ss</u> :	F 5: 0
	NEW Registered Office Address:			6
	P.O. Box 1.774 706 Mandarin	Street		
	Lake Placid	. FL_33862	33852	
change agent was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membicles of organization or the operating agreement of the organization of the operating agreement of the organization of the operative of a member by accept the appointment as registered agent and complications of my position as registered agent as projectly reflect a change in the registered office address of in writing of this change.	f the registered liability cers of the linited The limited Tre	red office and ompany, it is mited liability liability com evor G. Roberts	I the business office of the registered hereby confirmed that the change(s) a company or as otherwise provided in pany.  S  Printed or typed name of signee active. I further agree to comply with the
S(gnati	To of Registered Agent	-		