Division of Corporations



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Division of Corporations

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From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: pmason@maurycarter.com

18:51

## LLC REGISTERED AGENT CHANGE EARTHWORKS COMPOST, LLC

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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.

Name of the limited liability company: Earthworks Co	ompost, LLC		
Principal office address of timited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3333 South Orange Avenue, Suite 200	33	33 South Orange Avenue, Suite 200	
Orlando, FL 32806	Oi	Orlando, FL 32806	
March 18, 2019	L19	2000075726	
Date of filing/registration in Florida	4.	Document number	
·			
Registered Agent and Registered Office shown on the records	s of the Florida Det	ot of State	
George P. Mason, IV	or the contact of	7. VI 0	
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	<del></del>	
1958 Biscayne Drive			
Winter Park	32789	29	
	, I <sup>r</sup> L		
		2021 111. 23	
Enter name of NEW Registered Agent and/or NEW Regist	arail Office address		
Euro, write or Man Heart 1500 Views ming to the Mentilli	arid Olika redit	<u>"</u> ယ	
Dean Moad Services, LLC		= = = = = = = = = = = = = = = = = = = =	
NEW Registered Office Address	··	9.	
420 S. Orange Avenue, Suite 700			
Orlando	, FL_32801		
•	the registered of diability compers of the limite the limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in the change of signer in the change of signer in the printed or typed name of signer in the change of	
gnature of a member or authorized repositive of a member ereby accept the appointment as registered agent and visions of all statutes relative to the proper and compobligations of my position as registered agent as provinces by reflect a change in the registered office address in Mard Septemble of this change.		Printed or typed name of signer	

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