Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

LLC REGISTERED AGENT CHANGE ENVIRONMENTAL IPC CONSULTING 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 Slatutes, 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

Floride 1. Na	and of the limited liability company: Environ	mental IPC	Consulting LLC	
2. (a)	inte of the finance hazimy company.	(b)		
(w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\-\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
			20255407	
_	08/19/2020		00255497	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION		_	
	Registered Agent and Registered Office shown on the records	of the Florida Dept. of Sta	MC:	
	5575 S. SEMORAN BLVD.		_	
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>		
	36		_	
	ORLANDO	_{FL} 32822	2022	
(b)	Registered Agents Inc.		P. AUG:	AΡi
(-)	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		<u> </u>
	7901 4th St N		FILED 1022 AUG 22 PM 2: 52 SECRETARY OF STATE ALL ARASSEE, FLORE I I I I I	OVE U
	NEW Registered Office Address:		<u> </u>	
	STE 300		- ; ··· N	
	St. Petersburg	_{FL} 33702	_	
the cha agent was/w the art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the authorized tepresentative of a member or authorized tepresentative of a member	of the registered officiliability company, it softhe limited liability of the limited liability.	ce and the business office of the regis is hereby confirmed that the change(; ity company or as otherwise provided impany.	terec s)
-	·		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- ely reflect a change in the registered office address, d in writing of this change.	ue pertormance at m	e manes, ana 1 am mmuur wun ana u	ccv

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent