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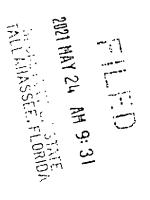
(Requestor's Name)							
(Address)							
(Address)							
(Cit	ry/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	Registration Section Division of Corporations		u					
SHRIF	Suncoast Environmental Testing	g. LLC						
30000	SUBJECT:Name of Limited Liability Company							
Dear Sir	or Madam:							
The ene	losed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Picase r	eturn all correspondence concernin	ig this matter to the	e following:					
Deanna (Greenway							
	Name of Person							
Suncoasi	Environmental Testing, LLC							
	Firm/Company	***************************************	<u> </u>					
1575 S. i	Missouri Ave							
	Address		and the time					
Clearwa	ter, FL 33756							
	City/State and Zip Co	de						
billing@	suncoastenvironmentaltesting.com							
E-	mail address: (to be used for future	annual report noti	fication)					
For furt	ner information concerning this ma	itter, please call:						
Deanna (Greenway	727 at (942-5905					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee					
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					
			Tallahassee, FL 32303					
	Enclosed is a check for the follow	ving 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. Na	ame of the limited liability company:	nmental	l Te	sting, LLC		
2. (a)			362 Silver	Moss Lane		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,			of limited liability company: BE POST OFFICE BOX)
	Clearwater, FL 33756	_ -		Tarpon Spr	ings, FL 34688	3
	3./3/2021		!	 L210901044:	59	
3.	Date of filing/registration in Florida	— 4.	-		Document nu	nmber
5. (a)	Buddy Greenway					
· (W)	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	· ::	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS,			720
	1575 S. Missouri Ave			•		2
	Clearwater , F	L 33756			•	FILLAHASS
(b)	Burton Greenway				•	A C
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	adc	lress:	•	HAY 24 AM 9: 31
	NEW Registered Office Address:					
	362 Silver Moss Lane					
	Tarpon Springs, F	L34688	3			
thangy igent v wis/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the village identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members decy of organization or the operating agreement of the	o regist lability of the l e limite	tere cor limi d li	d office and npany, it is ted liability ability com	I the business hereby conti company or pany.	office of the registered rmed that the change(s)
7	President or authorized representative of a member	_	urte	on Greenway		d name of signee
mysisi hObbl Omere	by Accept the appointment as registered agent and agent of all statutes relative to the proper and complete lydions of my position as registered agent as provide express a change in the registered office address, I the writing of this change.	o pertra	mi	nce of my d	city. I furthe	r agree to comply with the
	re (Registered Agent					
17	Division of Corporations 2.0.	Ray F	127	a 'fallubarı	con El 1921	o.

FHANG FEE: \$25.00