## L21000353083

····	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
J. HORNE					
APR 14 2022					
L <u></u> .					

Office Use Only



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## ÇOVER LETTER

	istration Section ision of Corporations			
SUBJECT:	SOUTHERN ENVIRONMENTAL SI	ERVICE	S & CO	MPANY, LLC
SOBJECT.	Name	of Lin	nited Lie	ability Company
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered Offic	e Chan	ge and f	ee(s) are submitted for filing.
Please return	n all correspondence concerning this	matter	to the f	ollowing:
ARIANNA (	CARRINGTON-HOOKER			
	Name of Person			
INNOVATIV	VE TAX SOLUTIONS OF CENTRAL	FLORID	A INC	
	Firm/Company			<del>-</del>
1678 E SILV	ER STAR RD			
	Address			_
OCOEE FL.	34761			
	City/State and Zip Code		-	_
INFO@ITSC	TFL.COM			
E-mai	l address: (to be used for future annu	ial repoi	rt notific	cation)
For further i	information concerning this matter, p	olease c	all:	
ARIANNA (	CARRINGTON-HOOKER	nt (	407	499-2967
	Name of Person	(		Area Code & Daytime Telephone Number
Reg Div P.C	diling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	amount	:	
<b>=</b> 9	325 Filing Fee		<b>□ \$</b> 5	5 Filing Fee & Certified Copy
INHS18 (2/1	4)			

## 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.

Na	me of the limited liability company: SOUTHERN E	<u> </u>	
(a)		(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	850 ROYAL VIEW CIRCLE	8	850 ROYAL VIEW CIRCLE
	WINTER GARDEN, FL 34787	\ 	WINTER GARDEN, FL 34787
	08/05/2021	L2	21000353083
	Date of filing/registration in Florida	4.	Document number
(a)	MILLIGAN, JASON, MGR		
,	Registered Agent and Registered Office shown on the records	of the Florida De	lept. of State:
	Registered Office Address	T ADDRESS)	<del></del>
	WINTER GARDEN	34787 FL	
b)	INNOVATIVE TAX SOLUTIONS OF CENTRAL FLC	RIDA INC	2022 APR SECRETATION
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	APR -4 PH 12: 43 CRETARY OF STATE LAHASSEE. FLORES
	Princip 1. 1005		PH P.
	NEW Registered Office Address:		2: O
	1678 E SILVER STAR RD		<del></del>
	OCOEE . I	FL_34761	
nge nt w /we artic	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered of liability comp s of the limite ne limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) at liability company or as otherwise provided in
Įnau	for a member or authorized representative of a member		Printed or typed same of signee
visio oblij ierej	ey accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as providing the reflect a change in the registered office address, if in writing of his change.	gree to act in te performanc led for in Cha I hereby confi	this capacity. I further agree to comply with the comply with the comply with the complex with and accument is being fill from that the limited liability company has been