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

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Email	Address:	

LLC REGISTERED AGENT CHANGE STEALTH ENVIRONMENTAL SOLUTIONS, LLC

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JUL 21 2022

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

11//144	··	. –							
l. Na	me of the limited liability company: Stealt	h Env	Ir(onmenta	al Solution:	S, L	LC_		
2. (a)			(1	o)					
` / _	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)			Mailing address of limited liability co (Note: MAY BE POST OFFICE					
	7901 4th St N STE 300	7901 4t	th St N STE 300 rsburg FL 33702						
	St. Petersburg FL 33702	St. Pete							
	09/30/21			L21000	0431589				
3.	Date of filing/registration in Florida	4			Document number			······································	
5. (a)	MILLER CAPITAL, INC.								
. (11)	Registered Agent and Registered Office shown on the reco	ords of the Fl	orid	a Dept. of State:					
	605 W AZEELE ST								
	Registered Office Address (MUST BE FLORIDA STR	REET ADDE	ES.	<u>s)</u>					
	TAMPA	_, _{FL} _33(60	6			2022		
(h)	Northwest Registered Agei	nt LLC	\mathcal{L}				J		
(,)	Enter name of NEW Registered Agent and/or NEW Registered Offi			ldress:		• *	2	F :	
	7901 4th St N					· ·	2022 JUL 21 PM 1:32		
	NEW Registered Office Address:					: -			
	STE 300						32		
	St. Petersburg	_, _{FL} _33	70:	2					
he cha igent w vas/we	mited liability company is not organized under the street address. The street address of a Florida limiter authorized by an affirmative vote of the members of organization or the operating agreement of the street authorized.	ess of the i ted liabilit bers of the	regi y c Hin	stered office ompany, it is nited liability	and the business of hereby confirmed (company or as oth	fice of that the	f the reg chang	gisterec c(s)	
	ure of a member or authorized representative of a member			organ Not					
Signat	ure of a member or authorized representative of a member				Printed or typed name	ot siene	·,		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent