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COVER LETTER

	Legistration Section Division of Corporations			
SUBJEC	T: JMS Und	ergraund Salu Name of Limited Lia	Jons L/C bility Company	
Dear Sir o	or Madam:			
The enclo	osed Registered Agent/Regis	stered Office Change and f	ec(s) are submitted for filing.	
Please ret	urn all correspondence conc	erning this matter to the fo	ollowing:	
	Name of Personal Sirm/Company		_	
1/97	O SW 34th St Address	<i>Ç</i>	_	
Mis	City/State and Zi Sundarground 23@ 9. mail address: (to be used for the	ip Code mail. Um future annual report notific	—	
For further information concerning this matter, please call:				
	Name of Person	•) <u>239 - 705 3</u> Area Code & Daytime Telephone Number	
F D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:				
j.	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	

INHS18 (2/14)

STĂTEMENT 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: TMS Underground	polutions LLC
	11970 SUI 34th St (b) 1/970	1 Cul zyeh Ct
2. (a)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami F1 33175 Mea	mi 61 33175
		2300005509
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Armanda Ochoa	_
,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	te:
	11971 SW 34th St	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
		202 SE
	Miami , FL 33/75	FIL SECKLIAN -
(b)		- Property
	Enter name of NEW Registered Agont and/or NEW Registered Office address:	
		S3
	NEW Registered Office Address:	
	registered Office Fladress.	
		_
	, FL	_
change agent was/w the art	limited liability company is not organized under the laws of the State of Fle or changes are made, the Florida street address of the registered office at will be identical. Or, in the case of a Florida limited liability company, it is rere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability contains.	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
_	ature of a member of authorized epresentative of a member	" / "
provis the ob to mer	thy accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60, rely reflect a change in the registered office address, I hereby confirm that if in writing of this change.	auties, and i am tamular with and accept
Signati	ure of Registered Agent	
	Division of Corporations P.O. Box 6327 Tallaha	issee, FL 32314

FILING FEE: \$25.00

MUCLE OTTO