

**m100000000454**

\_\_\_\_\_  
(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:

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DIVISION OF CORPORATIONS  
TALCOTT HOUSE  
MAY 15 2012

12 MAY 15 AM 9:33

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY 15 AM 9:40

MAY 16 2012

T. HAMPTON

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
**515 EAST PARK AVENUE**  
**TALLAHASSEE, FL 32301**  
**222-1173**

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      **MICHELE HOLDEN**

**DATE:**            **05/14/2012**

**REF. #:**           **EARTH TECH COA**

**CORP. NAME:**   **EARTH TECH (DE), LLC**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                       | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                                   | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                           | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                                   | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION                     |   |  |
| <input checked="" type="checkbox"/> OTHER:    CHANGE OF REGISTERED AGENT |   |  |

**STATE FEES PREPAID WITH CHECK#** **544428** **FOR \$** **25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: EARTH TECH (DE), LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

2620 HUNT ROAD  
LAND O'LAKES FL 34638

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

2620 HUNT ROAD  
LAND O'LAKES FL 34638

01/29/2010

M10000000454

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CT CORPORATION SYSTEM

Registered Office Address:

1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324 US

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

NRAI SERVICES, INC.

**NEW Registered Office Address:**

515 EAST PARK AVENUE

**(MUST BE FLORIDA STREET ADDRESS)**

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard M. Horowitz  
Signature of a member or authorized representative of a member

Richard M. Horowitz

Printed or typed name of signee

*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 608, 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.*

by:

NRAI Services, Inc.  
Signature of Registered Agent

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

FILED  
MAY 15 AM 9:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS