## M17000006192

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	<b>1</b> A1L					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
	;					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 19, 2017

Order#: 700246-055

Re: HGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX \_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.

ì.	Na	me of the limited liability company: ANGLER ENVIR	ONMEN	TAL, LLC	
2.	(a)	10103 Evergreen Hill Drive  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing	one Road gaddress of limited liability company: E: MAY BE POST OFFICE BOX)
		Tampa, FL 33617		Warrenton, VA	20187
•		09/30/2013	_	M13000006192	· · · · · · · · · · · · · · · · · · ·
3.		Date of filing/registration in Florida	4.	Docu	ment number
5.	(a)	C T Corporation System			
		Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State:	
		1200 South Pine Island Road			<b>-</b> 1
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			AL SE 17
					See SE
					## P 2
		Plantation , FL_	33324		SSS -
	(b)	Corporation Service Company			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	)ffice add	ress:	) STATE CORIDA
		1201 Hays Street			>
		NEW Registered Office Address:			
		Tellaharan	00001	<del></del>	
		Tallahassee , FL	32301		
the ag wa	cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the operating agreement of the liability.	he regist pility cor the limi	ered office and t npany, it is here ted liability com	the business office of the registered by confirmed that the change(s) pany or as otherwise provided in
		Le Cani	Jill C	ilmi, Authorized l	
:	Signat	ure of a member or authorized representative of a member		Printe	ed or typed name of signee
pr the to no	ovisi e obli mere tified	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change	e to act i performa for in Ci ereby col	n this capacity. nce of my duties hapter 605, F.S. nfirm that the lin	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been
Si	gnatui	e of Registered Agent Corporation Service Company	BY: An	ni M. Casper, A	Asst. Vice President