11/4/22, 2:12 PM

Division of Corporations



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(((H220003782573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

SUPPORT@LICENSESETC.COM Email Address:___

LLC REGISTERED AGENT CHANGE TOTAL WRECKING & ENVIRONMENTAL, LLC

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COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	TOTAL WRECKING & ENVIRO	ONMENTAL LI	LC'				
50 B/130 1 .	Name of Limited Liability Company						
Dear Sir or l	Madam:						
The enclose	d Registered Agent/Registered (Office Change :	and fee(s) are submitted for filing.				
Please retur	n all correspondence concerning	this matter to	the following:				
LISA ADAN	15						
	Name of Person						
LICENSES.	ETC.						
 	Firm/Company						
27911 CROV	WN LAKE BLVD., SUITE #211						
	Address						
BONITA SP	RINGS, FL 34135						
	City/State and Zip Cod-	e					
	JLICENSESETC.COM						
E-mai	address: (to be used for future a	annual report n	otification)				
For further i	information concerning this matt	ter, please call:					
LISA ADAN	AS	239 at (777-1028				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.C	illing Address: gistration Section vision of Corporations 0. 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 follow	ing amount:					
% 5	325 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18 (2/I	4)						

Signature of Regisfered Agent

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.

2. (a)	70 PEARCE AVENUE (b) PO BOX 326				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TONAWANDA, NY 14150	<u> </u>	BUFFALO, NY 14231	· · · · · · · · · · · · · · · · · · ·	
	11/22/2016	<u></u> -	16000009401		
3.	Date of filing/registration in Florida	- _{4.} -	Document	number	
5. (a)	LICENSES, ETC., INC.				
J. (a)	Registered Agent and Registered Office shown on the records of 886 110TH AVE N.	the Florida D	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) SUITE #6	ADDRESS)			
	NAPLES	34108		2022 AA	
(b)	LICENSES, ETC., INC.			FI 2022 NOV - CALSPICAN ALL MINN	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	<u> </u>		
	27911 CROWN LAKE BLVD.				
	NEW Registered Office Address:			2: 2:	
	SUITE #211			30° 7	
	BONITA SPRINGS, FL	34135			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	registered ability com of the limited limited lia	office and the busing pany, it is hereby co addinability company pility company.	ess office of the registered ntirmed that the change(s) or as otherwise provided in	
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change agent v was/we the arti	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like are authorized by an affirmative vote of the members of	registered ability com of the limite limited lia FRAN	office and the busine pany, it is hereby cool liability company oility company. K BODAMI, MANAC Printed or ty	ess office of the regintirmed that the cha or as otherwise prof GING MEMBER sped name of signee ther agree to comply	