

N 27987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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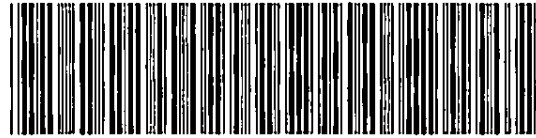
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

11/13/20

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Port Everglades Environmental Corp.,  
Name of Corporation

**DOCUMENT NUMBER:** N27987

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert W. Wells

Name of Contact Person

Robert W. Wells, Attorney at Law

Firm/Company

1983 Centre Pointe Blvd Ste 200

Address

Tallahassee, FL 32308

City/State and Zip Code

bob@wellsrw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Wells

Name of Contact Person

at ( 305 ) 301-1115

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Port Everglades Environmental Corp.
2. The principal office address: 2550 Eisenhower Blvd Ste 205, Ft. Lauderdale, Florida 33316
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/22/1988 Document number: N27987
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert W. Wells, Attorney at Law

9350 S Dixie Hwy, Ste 1450

Miami FL 33156

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert W. Wells, Attorney at Law

1983 Centre Pointe Blvd Ste 200

P.O. Box NOT acceptable

Tallahassee, FL 32308

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TALLAHASSEE, FL

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karl Bernard

Signature of an officer or director

Karl Bernard, President

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]

Signature of Registered Agent

10/1/2020

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)