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SECRETARY OF STATE-TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

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:    Janet S. Ceccarelli			•					
Name of Corporation  POOUMENT NUMBER: P0000000636  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:    Janet S. Ceccarelli	SUBJECT:	Redemption Environmental, Inc						
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:    Janet S. Ceccarelli		Name of Co	orporation					
Please return all correspondence concerning this matter to the following:    Janet S. Ceccarelli	DOCUMENT NUMBER	:P000	00000636					
Janet S. Ceccarelli Name of Contact Person  Redemption Environmental, Inc Firm/Company  1706 Cottage Way Ct Address  Brandon FL 33510 City/State and Zip Code  RPMSCA@aol.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeannie Newman Name of Contact Person  at (813) 286-0008, ext 111 Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address: Amendment Section  Street Address: Amendment Section	The enclosed Statement of	Change of Registered Office	e/Agent and fee are sub	omitted for filing.				
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Jeannie Newman at ( 813 ) 286-0008, ext 111  Name of Contact Person Area Code & Daytime Telephone Number  Enclosed is a \$35.00 check made payable to the Department of State.  Mailing Address: Amendment Section Street Address: Amendment Section		Brandon F City/State an	L 33510 d Zip Code	<u></u>				
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	Enclosed is a \$35.00 check	made payable to the Departi	ment of State.					
Division of Corporations Division of Corporations								
P.O. Box 6327 Clifton Building		<del>-</del> '		•				

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT, OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	e provisions of sections 607 hange is submitted for a cor der to change its registered	poration organize	ed under the laws of the Sta	ate of Florida	
1. The name o	f the corporation: Reden	nption Enviro	onmental, Inc		
	al office address: 1706 Co FL 33510	· · · · · · · · · · · · · · · · · · ·			
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification:	12-27-1999	Document number:	P0000000636	
	nd street address of the curre artment of State: (If resigned		nt and registered office on	file with the	
	Janet S. Ceccarelli				
	1101 Marbella Plaza	a Drive		Sec.	
	Tampa FL 33619			1 JUL	
6. The name ar (if changed)	nd street address of the new:	registered agent (	if changed) and /or register	red office ASSE OF THE	
<b>\</b> 4	Janet S. Ceccarelli			TS :	
Y:	1706 Cottage Way Court  P.O. Box NOT acceptable				
/	Brandon FL 33510	r.o. box not ac	<u></u>	<del></del>	
The street addras changed wil	ress of its registered office Il be identical.	and the street add	dress of the business offic	e of its registered agent,	
Such change wauthorized by	vas authorized by resolution the board, or the corporation	n duly adopted by	y its board of directors or ed in writing of the chang	by an officer so ge.	
Signat	Lear one Uti		Janet S. Ceccarelli, S	Secretary/Treasurer	
of my duties, a document is be	t the appointment as regist to comply with the provisi nd I am familiar with and a sing filed merely to reflect a ss been notified in writing a	ons of all statute: accept the obliga a change in the ro	gree to act in this capacii s relative to the proper an tion of my position as reg egistered office address, I	ty. id complete performance istered agent. Or, if this hereby confirm that the	
Si	gnature of Registered Agent		Date	<del></del>	
If signing on b	ehalf of an entity:				
	Typed or Printed Name				

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