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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: SOLANA ENVIRONA Name of Cor	IENTAL ASSOCIATES, INC
	035334
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for tiling.
Please return all correspondence concerning this matter t	o the following:
PAUL COT	₽ \
SOLANA MA	RINE LOGISTICS
563 SOUTH	57th ST
TAMPA FL City/State and	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please ca	
PAUL COTON	at (813) 748-8122 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departm	ent of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 6 07.1508, or 617.1508. Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>FLORIDA</u>	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: SOLANA ENVIRONMENTAL ASSOCIATES, INC	
2. The principal office address: 503 S. 574 St	
TAMPA, [2 33/619	
3. The mailing address (if different):	
(as above)	
4. Date of incorporation/qualification: 2000 Document number: P00000353	<u>)</u>
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)	
VALERIE COTON	
503 S. 574 St	
TAMPA, FR 33619	
6. The name and street address of the new registered agent (if changed) and /or registered office. (if changed):	
PAUL COTON	
503 S. 57 H SH	
PO Box NOT acceptable	
TAMPA (C 336/7)	
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.	
PAUL COTON 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 of Registered Agent 7/16/20/7 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 (03/12)