

PD5000106456

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

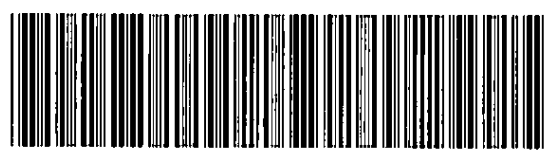
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JUL -9 AM 10:31


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2021 JUL -9 AM 11:51

RH/Rc/chj

JUL 12 2021  
I ALBRITTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 898761 4324340  
AUTHORIZATION :   
COST LIMIT : \$ 35.00

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ORDER DATE : July 9, 2021  
ORDER TIME : 11:04 AM  
ORDER NO. : 898761-015  
CUSTOMER NO: 4324340  
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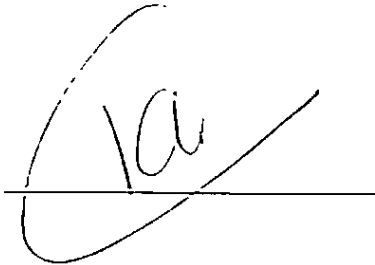
CHANGE OF AGENT

NAME: FLORIDA ORGANIC SOLUTIONS,  
INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: 

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Florida Organic Solutions, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Marc Owensby

\_\_\_\_\_  
Name of Contact Person

Consolidated Resource Recovery, Inc.

\_\_\_\_\_  
Firm/Company

3025 Whitfield Avenue

\_\_\_\_\_  
Address

Sarasota, FL 34243

\_\_\_\_\_  
City/State and Zip Code

marc.owensby@veransa.com

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

For further information concerning this matter, please call:

Marc Owensby

\_\_\_\_\_  
Name of Contact Person

at (240) 899-1520

\_\_\_\_\_  
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: Florida Organic Solutions, Inc.
2. The principal office address: 6727 CR 579, SEFFNER, FL 33584
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/01/2005 Document number: P05000106456
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)

Lehman, Thomas

201 S Biscayne Blvd, 22nd floor

Miami

FL 33131

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

Corporation Service Company

1201 Hays Street

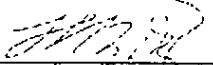
P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

  
Signature of an officer or director

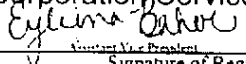
Marc Owensby

CEO

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.*

Corporation Service Company

By:   
Signature of Registered Agent

07/09/2021

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)