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COVER LETTER

TO: Amendmen Division of	t Section Corporations			
SUBJECT: S	ITE SOLUTIONS of CEN Name of C	TRAL FLORIDA, INC.		
DOCUMENT NU	MBER: P060	000087951		
The enclosed Stater	nent of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all coi	rrespondence concerning this matter	to the following:		
		3		
	Tina T.	Sopp		
Name of Contact Person				
Site Solutions of Central Florida, Inc.				
Firm/Company				
	7316 Edgev	vater Drive		
	Add	ess		
		-1 00040		
Orlando, FL 32810 City/State and Zip Code				
Only built and hip code				
tina@sitesolutionscfl.com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for fi	iture annual report notification)		
For further informate	tion concerning this matter, please c	all:		
	Tina T. Sopp	at (407) 578-7452		
Nam	ne of Contact Person	at (407) 578-7452 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00	0 check made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address:		
		Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	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 chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida te is submitted for a corporation organized under the laws of the State of o change its registered office or registered agent, or both, in the State of .	Florida	
1. The name of the	corporation: Site Solutions of Central Florida, Inc.		
2. The principal of	fice address: 7316 Edgewater, Drive Orlando, FL 32810		_
3. The mailing add	ress (if different):		_
4. Date of incorpor	ration/qualification: 6/29/2006 Document number:	P06000087951	_
	reet address of the current registered agent and registered office on file water to f State: (If resigned, enter resigned)	rith the	
<u>J</u>	udith D. Tinnell	<u> </u>	
6	198 Linneal Beach Drive	_	
A	Apopka, FL 32703	- 7	
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered of	2011 FEB 14 SECRETARY ALLAHASSE	· ··
<u>T</u>	ina T. Sopp	ARY SSEE	14.000 14.000
6	023 Linneal Beach Drive P.O. Box NOT acceptable		1
<u>A</u>	popka, FL 32703	IZ: OC ORID,	iii)
The street address as changed will be	of its registered office and the street address of the business office of eldentical.	its registered agent,	
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by a board, or the corporation has been notified in writing of the change.	n officer so	
Aignature o	Tina T. Sopp, Pre	esident	
I hereby accept the I further agree to of my duties, and I document is being corporation has be	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and co I am familiar with and accept the obligation of my position as register filed merely to reflect a change in the registered office address, I here een notified in writing of this change.	mplete performance ed agent. Or, if this eby confirm that the	
Signatu	ure of Registered Agent 2/10/2011		
If signing on behal	If of an entity:		
	d or Printed Name		

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