

PO6000087951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

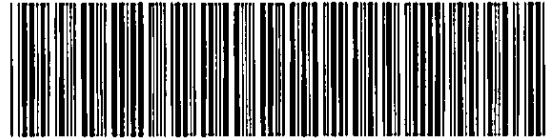
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2021

LOUIS R REIMER  
2674 PEMBERTON DRIVE  
APOPKA, FL 32703

SUBJECT: SITE SOLUTIONS OF CENTRAL FLORIDA, INC.  
Ref. Number: P06000087951

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

Letter Number: 221A00020216

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Site Solutions of Central Florida, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P06000087951

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:

Louis R Reimer

Name of Contact Person

Site Solutions of Central Florida, Inc.

Firm/Company

2674 Pemberton Drive

Address

Apopka, FL 32703

City/State and Zip Code

Info@sitesolutionsctl.com

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

For further information concerning this matter, please call:

Louis R Reimer

Name of Contact Person

at (407) 408-6135

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: Site Solutions of Central Florida, Inc.

2. The principal office address: 2674 Pemberton Drive, Apopka, FL 32703

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/29/2006 Document number: P06000087951

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)

Judith Exum Dollins  
808 E 8th Avenue  
New Smyrna Beach, FL 32169

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

Louis R Reimer  
520 S Peninsula Drive Apt 2C8  
New Smyrna Beach, FL 32169

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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.

[Signature] VP  
Signature of an officer or director

Louis R. Reimer  
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

07/13/2021  
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