

PO6000087951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

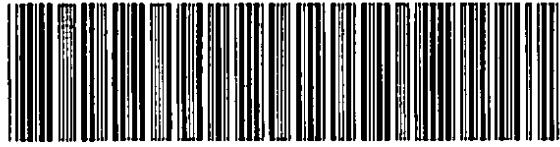
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OFFICE OF CORPORATIONS
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DEC 08 2022

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 Reimer

Name of Contact Person

Site Solutions of Central Florida

Firm/Company

2674 Pemberton Dr.

Address

Apopka, Florida 32703

City/State and Zip Code

info@sitesolutionscfl.com

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

For further information concerning this matter, please call:

Louis 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 Dr.
Apopka, Florida 32703
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 6/29/2006 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)

Louis Reimer
520 S Peninsula Dr. Apt 2C8
New Smyrna Beach, Florida 32169

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

Louis Reimer (Reimer)
2674 Pemberton Dr.
P.O. Box NOT acceptable
Apopka, Florida 32703

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 Louis 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 of Registered Agent 8-15-2022
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)