P08000090608

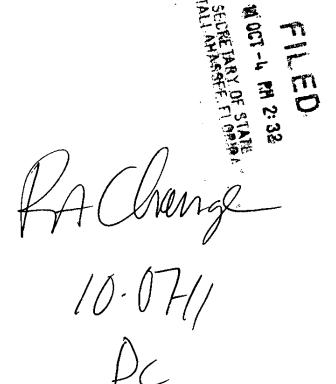
(Requestor's Name)				
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		İ		

Office Use Only



900212272789

10/04/11--01017--023 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: LATITUDE CLEAN TECH C	GROUP, INC.					
DOCUMENT NUMBER: P080000	90608					
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:						
	-					
MATTHEW J COHEN Name of Contact Person						
LATITUDE SOLUTIONS, INC.						
Firm/Company						
2595 NW BOCA RATON B	SLVD, STE 100					
Address						
BOCA RATON, FL 33431						
City/State and Zip C	Lode					
ngreco@latitudesoluti	ions.net					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Nancy Greco at (561) 417-0644					
Name of Contact Person	7561 417-0644 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	Street Address: Amendment Section 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 cha	nnge is submitted for a co	orporation organized	607.1508, or 617.1508, F10 d under the laws of the Stat d agent, or both, in the Stat	te of Florida
			TECH GROUP, IN	
		IW BOCA RATC	ON BLVD. SUITE #10	<u>U</u>
BOCA RA	TON, FL 33431			
3. The mailing a	nddress (if different):		·	
4. Date of incorp	poration/qualification: _	09/03/2009	Document number:	P08000090608
	d street address of the curtment of State: (If resign		t and registered office on fi	ile with the
	MATTHEW J COL	IEN		
	190 NW SPANISH	RIVER BLVD,	SUITE 101	
	BOCA RATON, FL	_ 33431		
6. The name and (if changed):	i street address of the ne	w registered agent (i	f changed) and /or register	Description be seen to be
	MATTHEW J COP	IEN		
	2595 NW BOCA F	RATON BLVD, S	UITE 100	
	BOCA RATON, FL	P.O. Box NOT acc	ceptable	
The street addre as changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by th	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so e.
_	re of an officer or director		MATTHEW J C Printed or typed nam	e and title
I hereby accept I further agree to of my duties, and document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to refle s been netified in writin	istered agent and a isions of all statutes d accept the obliga ct a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
ms (al al		9/30/20)11
Sig	nature of Registered Agent	-	Date	
If signing on be	half of an entity:			
MA	TTHEW J COHEN			

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

Typed or Printed Name