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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: OHM Remediation S Name of Corporate	nervices Corp		
DOCUMENT NUMBER: <u>P0900037839</u>	<u></u>		
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:			
Mark Van Landine Name of Contact Po OHM Remedie	Sham ation Services Corp		
Firm/Company			
10822 Arrowtree E	3100		
Clermont FL 34715 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mark Van Landinsham at (	350 ,988 3185		
Name of Contact Person	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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OHM Remediation Services COVP  2. The principal office address: 20421 US. HUY 27 Clermont FL 34715
2. The principal office address: 60961 05. Proof 67 Clerriolit FC 39 715
3. The mailing address (if different): P.O. Box 430 Howey In The Hills FL347
4. Date of incorporation/qualification: 4-29-2009 Document number: P09000037825
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)
Sidney Van Landingham
10822 Arrowtree Blud
Clermont FL 34715
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):    Mark Van Landingham   P.O. Box NOT acceptable   P.O. Box NO
Clermont FL 341715
The street address of its registered office and the street address of the business office of 41s 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 of director  Signature of an officer of director  Signature of an officer of director  Printed of 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 Date
If signing on behalf of an entity:
Mark Van Landingnam Typed or Printed Name

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