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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

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Email	Address:		

## REGISTERED AGENT CHANGE CHOICE ENVIRONMENTAL SERVICES OF LEE COUNTY, INC.

Certificate of Status	0
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MAR 8 2013

T. LEWIS

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## 2013 HAR -8 AM 17 35

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	thange is submitted for a corporation org	502, 607.1508, or 617.1508. Florida Statutes anized under the laws of the State of Florida	, this	
		stered agent, or both, in the State of Florida.		
1. The name of	of the corporation; CHOICE ENVIRONME	NTAL SERVICES OF LEE COUNTY, INC.		
2. The princip	pal office address: 5594 6TH STREET WES	T LEHIGH ACRES FL 33971	···	
3. The mailing	g address (if different): 2860 STATE ROAL	D 84 SUITE 103 FT. LAUDERDALE FL 33312	;	
4. Date of inco	orporation/qualification: 03/05/2010	Document number: P10000020112		
	nd street address of the current registered partment of State: (If resigned, enter resign	agent and registered office on file with the ed)		
	GRANT J SMITH			
	2860 S.R. 84 STE 103		<b>圣</b>	
•	FORT LAUDERDALE FL 33312		AH	
6. The name a (if changed)	nd street address of the now registered age	ant (if changed) and for registered office	AKY O	
	C T Corporation System		P. (7)	
	e/o C T Corporation System, 1200 South Pine Island Road			
	P.O. Bex NO Pianiation, Florida 33324	T acceptable	ŪE A	
The street add as changed wi	ress of its registered office and the street if be identical.	address of the business office of its register	red agent,	
Such change v authorized by	vas authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	)	
	MULTI See Officer or director	Thomas J. Fowler, Vice Preside	ent	
		vintes of typen while the title d agree to act in this capacity, utes relative to the proper and complete utes relative to the proper and complete accept the obligation of my position as vegis act a change in the registered office address n writing of this change.	tered s, i	
By	Corporation System-	3/6/13		
-	Bristure of Registered Agent	Dains	<del></del>	
If signing on b	ehalf of an entity:			
M. B. Jones, As				
•	Typed on Printed Name  * * * FILING PE	D. Gie aa + +		
N/	MAKE CHECKS PAYABLE TO FLO	KUJA DEPARTMENT OF STATE		

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