## P93000004544

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	<del>)</del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	

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SEGRETARY OF STATE
TALLAHASSEE, FLORID

R.A.Charge

**C.COULLIETTE** 

FEB 23 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: D. ENVIRONMENTAL INL Name of Corporation
DOCUMENT NUMBER:
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:
Name of Contact Person
D. ENVIRON mentAL Firm/Company
P.O. 130 x 2569 Address
WIMBERLEY TX 78676-9998 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (352) 467-0303  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

CR2E045 (8/05)

## 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.
1. The name of the corporation: D. Environment AL INL
2. The principal office address: 1/12 ANDREWS St.
1. The name of the corporation:  D. ENVIRONMENTAL INL  2. The principal office address:  [11] ANDREUS St.  Englewood FL 34224
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/31/93 Document number: P9.300004544
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)
LOSLIE DREWRY
1112 Andrews St.
Lagle wood FL 34224
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
JOHN P. IZZO & ASSOCIATES
773 South Indiana Aue Suite A P.O. Box NOT acceptable
Englinoise, FL 34223
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.
Lest IE Drewry Pros
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.
Synature of Registered Agent Date
If signing on behalf of an entity:
John P. 1220 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 32334  CR2E045 (8/05)