P96000047913

(Re	questor's Name)			
(Ad	dress)			
(Ád	dress)	 		
(Cit	y/State/Zip/Phon	e #)		
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(Do	cument Number))		
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A. Butler

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: Enviroscal Corporation of Corporation	
	UMENT NUMBER: P96000047913	
		d Office/Agent and fee are submitted for filing.
Picase	return all correspondence concerning this	s matter to the following.
Patrici	a A Stevens	
Name	of Contact Person	
Enviro	oscal Corporation	
Firm/0	Company	
1019 8	SE Holbrook Court	
Addre	:88	
Port Si	t Lucie, F1 34952	
City/S	State and Zip Code	
	pat@enviroseal.com	
E-ma	il address: (to be used for future annua	d report notification)
	,	,
For fu	orther information concerning this matter,	please call:
Patrici	a A Stevens	.,772 ,335-8225
	Name of Contact Person	at (772) 335-8225 Area Code & Daytime Telephone Number
		, ,
Enclo:	sed is a \$35,00 check made payable to the	Department of State.
		•
	Mailing Addresses	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

Tallahassee, FL 32314

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida inge is submitted for a corporation organized under the laws of the State of or to change its registered office or registered agent, or both, in the State of	Florid	a	
1. The name of	the corporation: Enviroscal Corporation		_	
2. The principal Port St Lucie, FI	office address: 1019 SE Holbrook Court			
_	poration/qualifications 531-996 Document number: P960000	 Н7913		
	7			
	d street address of the current registered agent and registered office on file writment of State: (If resigned, enter resigned)	vith the		
	Edward A Becht. 321 S Second Street Fort Pierce, FL 34950			
	Resigned		2021	
/			IDL_	. 1223
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	office To S	:† M4 9	
	Patricia A Stevens		Հ	
	1019 SE Holbrook Court			
	P.O. Box NOT acceptable	_		
	Port St Lucie FL 34952	_		
The street addr	ess of its registered office and the street address of the business office of be identical.	its regi	stered	l agent.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by a he board, of the vorporation has been notified in writing of the change.	n office	er so	
Jatric	(a Atwas Patricia A Stevens			
••	ire of an officer or director Printed or typed name and	tifle	-	
I further norce	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and could Lam familiar with and accept the obligation of my position as registering filed morely to reflect a change in the registered office address, I here is been notified in writing of this change.	mplete ed age, eby cor	perfo nt. Oi ifirm i	rmance r, if this thát the
TAKI	Ma) (1 Levas June 29, 2021			
It signing on bo	chalf of an entry: Land of Printed Name Date Date			
'	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314