

188204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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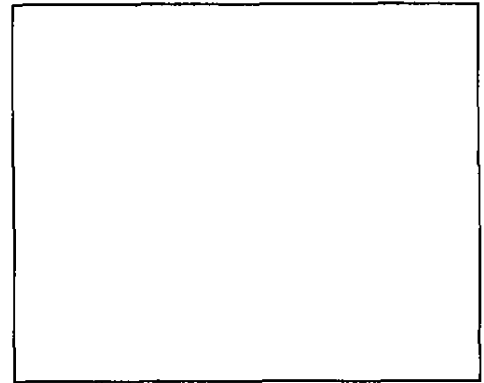
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DIVISION OF CORPORATIONS
2016 SEP 13 AM 9:00

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OFFICE USE ONLY

WALK-IN

ENTITY NAME:

MIAMI WASTE PAPER CO., INC.

CK# 7383 FOR \$35.00

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

___ CERTIFIED COPY

XXX STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Miami Waste Paper Co Inc
2. The principal office address: 2120 N.W. 14th Ave., Miami, FL 33142
3. The mailing address (if different): 2120 N.W. 14th Ave. P. O. Box 420854, Miami, FL 33242

4. Date of incorporation/qualification: 10/03/1955 Document number: 188204

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)

Atrium Registered Agents, Inc.

1500 San Remo Ave. #125, Coral Gables, FL 33146

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Atrium Registered Agents, Inc.

8950 SW 74th Court, Suite 1901, Miami, FL 33156

P.O. Box NOT acceptable

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.

Ronald J. Novas
Signature of an officer or director

Ronald J. Novas, Director

Printed or 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.

Robert A. Stamen
Signature of Registered Agent

9/6/16

Date

If signing on behalf of an entity:

Robert A. Stamen, VP Atrium Registered Agents, Inc.

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 32314
CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 SEP 13 AM 9:00