107000 121782

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



300287348433

06/30/16--01009--045 **25.00

16 JUN 30 PM 5: 04

JUN 0 1 2016 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 28, 2016

Order#: 185419/049

Re: OMNI WASTE OF OSCEOLA COUNTY LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: OMNI WASTE	OF OSCE	OLA COU	NTY LLC	
2. (a)	(a)	3 Waterway Square Place Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		3 Waterway Square Place Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 110		Suite 110		
		The Woodlands, TX 34773		The Wood	dlands, TX 34773	
_		12/07/2007		L0700012	· · · · · · · · · · · · · · · · · · ·	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	CT Corporation System				
		Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	:	
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
		1200 South Pine Island Road				
		Distriction			16 16	
		Plantation , FL	33324		,	
,	'L\	Corporation Santiae Company			JAHA JUL WALL	
((b)	Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	30 ARY NSSE	
				· · · · · · · · · · · · · · · · · · ·		
		1201 Hays Street				
		NEW Registered Office Address:			20 0	
					₩ >	
		<u>Tallahassee</u> , FL	32301			
the ager was the	cha nt w /we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative sote of the members of cles of organization of the operating agreement of the	the regist ability con f the limi limited li Patri	ered office npany, it is ted liability ability com ck Shea, Se	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Prize President, General Counsel, authorized Person	
	_	ure of a member of authorized representative of a member			Printed or typed name of signee	
province to moti	visie obli iere fied	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change. The of Registered Agent Corporation Service Company	performa d for in C iereby co	nce of my a hapter 605, nfirm that t	luties, and I am familiar with and accept	
		Division of Corporations ◆ P.O. E	30x 6327	Tallahass	see, FL 32314	

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Naı	ne of the limited liability company: OMNI WASTE O	F OSCE	OLA COUNTY LLC		
2	(a)	3 Waterway Square Place	(b)	3 Waterway Square Place		
۷.	(u) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (9)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 110	_	Suite 110		
		The Woodlands, TX 34773	-	The Woodlands, TX 34773		
		12/07/2007	-	L07000121782		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	CT Corporation System				
٠.	(4)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			
		1200 South Pine Island Road				
		Plantation , FL_	33324	16 JUN 30		
		, IL_	300E+			
	(b)	Corporation Service Company		30 T		
	(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
				PH 5: 84		
		1201 Hays Street		STATE STATE		
		<u>NEW</u> Registered Office Address:				
				·		
		Tallahassee, FL_	32301			
th ag	e cha gent v as/we e arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Of, in the case of a Florida limited liability and affirmative of the members of cles of organization of the operating agreement of the liability of a member of authorized representative of a member	the regis bility co the limi imited li Patri	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
pi th to no	rovisi le obl mero xtifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. The of Registered Agent Corporation Service Company	perjorma I for in C ereby co	in this capacity. I further agree to comply with the tince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been race E. Kirby, Asst. Vice President		
		Division of Corporations P.O. B.	ox 6327	• Tallahassee, FL 32314		

FILING FEE: \$25.00