L78323

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harrie)
(Document Number)
·
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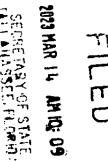
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2023 MAR | 4 AM 10: 45

A. RAMSEY MAR 15 2023

A. RAMSEY



CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:03/	/14/2023	en: CDW	
	F	Acc#I20160000072		
Name:	Coastal Recycling, Inc.			
Document #:				
Order #:	14836814			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		untry of Destination:		
Filing: 🚺	Certified: ✓ Plain: COGS:		Email Address for Annual Report Notifications:	
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	43.75		

Thank you!

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

statement of cha	inge is submitted for a corporation o	7,0502, 607,1508, or 617,1508, Florida Statutes, this organized under the laws of the State of Florida egistered agent, or both, in the State of Florida.		
1. The name of t	the corporation: Coastal Recycling, It	1 N 1 1 17 0505 1		
2. The principal	office address: 18500 North Allied W	ay, 1 noemx, 77, 83034		
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification; 06/04/1990	Document number: L78323		
5. The name and		red agent and registered office on file with the		
	Nicholas J. Watkins			
	333 S.E. 2nd Avenue, Suite 3200			
	Miami, Fl. 33131			
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and for registered office		
	C T Corporation System			
	1200 South Pine Island Road			
	1'	O. Box NOT acceptable		
	Plantation, Florida 33324			
as changed will	be identical.	street address of the business office of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly ad he board) or the corporation has be	lopted by its hoard of directors or by an officer so en notified in writing of the change.		
(LII	11/w	Adrienne W. Wilhoit, Vice President		
र्जामान्यां र	feed an officer of director	Printed or typed name and title		
I hereby accept I further agree of my duties, an document is ber corporation ha	t the appointment as registered age to comply with the provisions of al nd I am familiar with and accept th ing filed merely to reflect a change is been notified in writing of this ch	ont and agree to act in this capacity. If statutes relative to the proper and complete performance we obligation of my position as registered agent. Or, if this win the registered office address, I hereby confirm that the sange.		
C T Corporation	n System	3/13/2023		
Sig	gnature of Registered Agent	Date		
•	•			
	chalf of an entity: on, Assistant Secretary			
	Typed or Printed Name			
	* * * FILIN	(G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

Ву: