

M01000000415

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cmills@advanceddisposal.com

2010 JAN 25 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
ADVANCED DISPOSAL SERVICES JACKSONVILLE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$35.00</del>

\$25.00

T. CLINE

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EXAMINER

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: ADVANCED DISPOSAL SERVICES JACKSONVILLE, LLC

2. (a) Principal office address of limited liability company: 7915 BAYMEADOWS WAY

(Note: MUST BE STREET ADDRESS) SUITE 300  
JACKSONVILLE FL 32256

(b) Mailing address of limited liability company: 7915 BAYMEADOWS WAY

(Note: MAY BE POST OFFICE BOX) SUITE 300  
JACKSONVILLE FL 32256

02/22/2001  
3. Date of filing/registration in Florida

M01000000415  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: WODRICH, MICHAEL A

Registered Office Address: 1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE FL 32256

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road  
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*Chris Mills*  
Signature of a member or authorized representative of a member

Chris Mills  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

By: C T Corporation System Barbara A. Burke  
Signature of Registered Agent

Barbara A. Burke  
Special Assistant Secretary

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

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