M03000004175

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

REGISTERED AGENT CHANGE
ADVANCED DISPOSAL SERVICES STATELINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$36.00~~

$25.00

RECEIVED
10 JAN 25 PM 1:37
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G. MCLEOD
JAN 26 2010
EXAMINER

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 STATELINE, LLC

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

☐ *(Note: MUST BE STREET ADDRESS)*

7915 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE FL 32256

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)*

7915 BAYMEADOWS WAY
SUITE 300
JACKSONVILLE FL 32256

3. Date of filing/registration in Florida: 12/15/2003

4. Document number: M03000004175

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: ***(MUST BE FLORIDA STREET ADDRESS)***
1200 South Pine Island Road
Plantation, FL 33324

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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.

Signature of a member or authorized representative of a member

Christian Mills
Printed or typed name of signee

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

INHS18 (05/08)

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