Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

JUN 20 2008

EXAMINER

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

1 (850)878-5926

REGISTERED AGENT CHANGE

SUPPLY SANITATION SYSTEMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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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.

I. Na	me of the limited liability company: Su	pply Sanitation Systems LLC	
		lity company:	
(ъ)	Mailing address of limited liability con (Note: MAY BE POST OFFICE BO	mpany:	
	04/05/2005	M05000001772	
3. Da	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Agent:	CORPORATION SERVICE COMPANY	
	Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525	9 9
(b)	Enter name of NEW Registered Agen	t and/or <u>NEW Registered Office address</u> :	
	NEW Registered Agent:	C T Corporation System	
	NEW Registered Office Address; (MUST BE FLORIDA STREET ADD	RESS)	
		Plantation,FL_33324	0
that af office hereby liabilit limited	ther the change or changes are made, the of the registered agent will be identical, a confirmed that the change(s) was/were by company or as otherwise provided in the liability company.	d under the laws of the State of Florida, it is hereby confirmed Florida street address of the registered office and the business Or, in the case of a Florida limited liability company, it is authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the	
(Signatu	re of a member or authorized representative of a mem	ther)	
Sally Se	egers or typed name of signee)		
•	**	agent and agree to act in this capacity. I further agree to ive to the proper and complete performance of my auties, and I my position as registered agent as provided for in Chapter 608, by reflect a change in the registered office address, I hereby? been notified in writing of this change.	77
By: {Signati	ire of Regulatee Agent	— CANCINE MESSERAL SERVICE SER	Concession concession d
	Division of Corporation	IS, P.O. Box 6327, Tallahassec, FL 32314	
INHS18	3 (05/08)	ILING FEE: \$25.00	
1.013 - 05/27.	2008 CT System Calles		