I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACI WRENN FORT

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M0100002441

Entity Name: WASTE WATCHERS OF JACKSONVILLE, LLC

Current Principal Place of Business:

5074 SHAWLAND ROAD JACKSONVILLE, FL 32254

Current Mailing Address:

P.O. BOX 3621 IRMO, SC 29063 US

FEI Number: 57-1122668

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	MELLICHAMP, RYAN	Name	FORT, TRACI WRENN
Address	5074 SHAWLAND RD.	Address	PO BOX 60369
City-State-Zip:	JACKSONVILLE FL 32254	City-State-Zip:	NORTH CHARLESTON SC 29419- 0369

is true and accurate and that my electronic signature shall have the same legal effect as if made under

ADMIN. SUPERVISOR 01/20/2020

Certificate of Status Desired: Yes

FILED Jan 20, 2020 Secretary of State 6345931235CC

Date

Date