DOCU	MENT # .6688	64	,				
1. Entity Name Road Land fill, Inc.				FILED  DEURETARY OF STATE  OF CORPORATIONS			
Principal Place of Business Mailing Address				00 MAY 11 PI	00 MAY 11 PM 2:00		
, N <sub>i</sub> , t ,		A galactic and a great					
2. Principal Place of Business  1001 Fannin 1001 FC		min					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Str	wishen Tv	City & State	1 TX	4. FEI Number 304423	/	Applicable	
Z19 - 1	102 Country SA	77002	Country 4	5. Certificate of Status Desired	S8.75 Addi		
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Regi	stered Agent	. <u>.</u>	
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				****			
1541/Mon 12 doct			City		FL Zip Code		
8. The above	a named entity submits this statement to	for the purpose of changing its	egistered office or regi	stered agent, or both, in the State of Florio	le.		
SIGNATURE		·	·		DATE:		
	Signature. Typed or printed name of registered agen		Registered Agent signature req				
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do sc. iria on back)	After MAY 1, 200 Make Check Payabl	0 Fee will be \$550.0 e to Department of		☐ Ādded	O May Be to Fees	
11.	President OFFICERS AND		12.	300032		Addition	
NAME	EET ADDRESS 1001 KANNIN- STEPHOOD -ST-ZIF HOUSTON TX 7700Z		NAME Street address	-86/01/0001848001 ***7650.00 ****150.00			
City-St-ZiF			CITY-ST-ZIP	****   U.J.	Change	Addition	
TITLE NAME	Bryan J. Blank for	rector Delete	TITLE NAME			_	
STREET ADDRESS CITY-ST-ZIP	1001 Fannin Stetl	900 902	STREET ADDRESS CITY-ST-ZIP		·		
TITLE	Treasurer	☐ Delete	TITLE NAME		☐ Change	Addition	
NAME STREET ADDRESS	KONUID JONES	£4000	STREET ADDRESS CITY+ST-ZIP				
CITY-ST-ZIP TITLE	NOUSTON TX 7700	Delete	TITLE		☐ Change	Addition	
NAME STREET ADDRESS	Robert Simpsu	14 40CO	NAME STREET ADDRESS	<b>i</b> 1			
CITY-ST-ZIP	NOUSTON TX 77	002	CITY-ST-ZIP		☐ Change	Addition	
		☐ Delete ·	NAME STREET ADDRESS	Daska			
TITLE NAME	i		E CIRELIADIBECT	T			
			CITY-ST-ZIP		<u> </u>		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		Delete	- E		· Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE		· Change	Addition	

Thereby certify that the information supplied with this filing does not qualify in the exhibition state in doctors and the information supplied with this filing does not qualify in the exhibition state in doctors and the information supplied in the supplied with this filing does not qualify in the exhibition state of the control of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Robert G. Signature and typed on printed name of signing officer on directors.

Signature and typed on printed name of signing officer on directors.