To: 18506176380 From: 12147128131 Date: 12/15/20 Time: 2:29 PM Page: 01/02

12/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Ŋ

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178

Fax Number

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## REGISTERED AGENT CHANGE MUNCIE RECLAMATION AND SUPPLY COMPANY

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## (((H20000427569 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpe	1502, 617,0502, 607,1508, or 617,1508, Florida Statut oration organized under the laws of the State of Tice or registered agent, or both, in the State of Florid		_
		RECLAMATION AND SUPPLY COMPANY		
	office address: ON ST, MUNCIE, IN 47302			<del>_</del>
4. Date of incom	ooration/qualification: 06/0	Document number: F12000002320	<u>)</u>	
	I street address of the currer tment of State: (If resigned,	nt registered agent and registered office on file with the enter resigned)	5	
	NRAI SERVICES, INC		2020	
	1200 South Pine Island Roa	d	2020 DEC. 1	**,*
	Plantation, FL 33324		5	-
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				, m-
	LEGALING CORPORATE SERVICES INC.		,	
	5237 SUMMERLIN COMM	MONS BLVD, SUITE 400		
	FORT MYERS, FL, US, 33	P.O Box NOT acceptable 907		
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of its reg	istered age	ent,
Such change wa authorized by th	as authorized by resolution to board, or the corporation	duly adopted by its board of directors or by an offic has been notified in writing of the change.	er so	
	Pane Cornell re of an officer or director	DANE CORNELL, CEO		_
I hereby accept I further garee	the appointment as registe to comply with the provision	Frinted or typed name and title ered agent and agree to act in this capacity, ons of all statutes relative to the proper and complete acept the obligation of my position as registered age change in the registered office address, I hereby confitting the change.	z performo int. Or, if infirm that	ance this the
(	XI.	12/15/2020		
Sig	nature of Registered Agent	Date		<del></del>
lf signing on be	half of an entity:			
ANNA MANUK	(YAN			
T	yped or Printed Name			
	* * *	FILING FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)