

CT CORPORATION SYSTEM

J32083

FILED
MAY 31 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Independence Recycling of Florida, Inc.

0

RA
Change

- | | | |
|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

FILED
MAY 31 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

Name _____
Availability 5/31/01
Document ADP
Examiner ADP
Updater ADP
Verifier _____
W.P. Verifier _____

5/31/01

Order#: 4481903

400004335834--6

Ref#: -05/31/01--01032--016
*****35.00 *****35.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

9

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.*

1. The name of the corporation : Independence Recycling of Florida, Inc.

2. The mailing address of the corporation : _____

9800 Recycle Center Rd., Ste. A, Orlando, Florida 32833

3. Date of incorporation/qualification: September 3, 1986 Document number: J32083

4. The name and address of the current registered agent and office:

Robert DiGeronimo

9800 Recycle Center Rd., Ste. A

Orlando, Florida 32833

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)


CT Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board


(Signature of an officer, chairman or vice chairman of the board)

5-24-01
(Date)

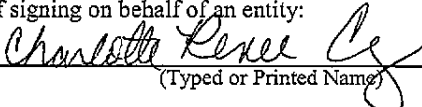
Vic DiGeronimo Jr. President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:


(Typed or Printed Name)

Charlotte Renee Cruz, Asst. Secretary

(Capacity)

*** * * FILING FEE: \$35.00 * * ***