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(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
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(Business Entity Name)			
(Do	cument Number)		
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Certified Copies Certificates of Status			
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
LGL RECYCLING, LLC SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
CLAUDIA PEREIRA	
Name of Person	
LGL SYSTEMS HOLDINGS, LP	
Firm/Company	
1601 BELVEDERE RD, SUITE S-202	
Address	
WEST PALM BEACH, FL 3306	
City/State and Zip Code	<del></del>
CPEREIRA@L2GHOLDINGS.COM	
E-mail address: (to be used for future annual t	report notification)
For further information concerning this matter, plea	ase call:
CLAUDIA PEREIRA	561 284-2968 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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	ime of the limited liability company: LGL RECYCLIN	NG, LLC		
2. (a)	1601 BELVEDERE RD	(b) 16	(b) 1601 BELVEDERE RD	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE S-202	SU	JITE S-202	
	WEST PALM BEACH, FL 33406		EST PALM BEACH, FL 33406	
	11/01/2022	L00	000000977	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)		<del></del>		
	Registered Agent and Registered Office shown on the records of 1601 BELVEDERE RD	fthe Florida Dep	t, of State:	
	Registered Office Address (MUST BE FLORIDA STREET) SUITE S-202	'ADDRESS)		
	WEST PALM BEACH, F	33406 L_		
	CHARLES LOMANGINO		25	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	<del></del>	
	1601 BELVEDERE RD		2022 110 V 28	
	NEW Registered Office Address:			
	SUITE S-202		B PM 3: C	
	WEST PALM BEACH, F	L_33406	6 PM 3: 01	
change agent v was/w the art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members interpretation or the operating agreement of the street organization or the operating agreement of the street organization.	e registered of iability compa of the limited e limited liabil	ffice and the business office of the registered any, it is hereby confirmed that the change(s). Hiability company or as otherwise provided in lity company.  ES GUSMANO	
- 2	nure of a member or authorized representative of a member		Printed or typed name of signee	
provis. the obj	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a clampe in the registered office address, I have been a change.	ree to act in to gerformance ad for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ner 605, F.S. Or, if this document is being filed m that the limited liability company has been	
	are of Registered Agent			