L070000 10645

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						
		:				





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06/30/16--01014--003 **25.00

TALLAHASSEE, FLORIDA

JUN 0 1 2016 Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: June 28, 2016

Order#: 185419/013

Re: FREEDOM RECYCLING HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA



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.

z. (a)	3 Waterway Square Place	(b)	3 Waterway Square Place
	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 110	Sı	uite 110
	The Woodlands, TX 77380		he Woodlands, TX 77380
	03/25/2003	L0	33000010645
3.	Date of filing/registration in Florida	4.	Document number
5. (a	CT Corporation System		
», ("	Registered Agent and Registered Office shown on the records o	f the Florida Dep	t, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 South Pine Island Road		
	1200 South Fine Island Noad		
	Plantation , F	L <u>33324</u>	
(b)	,		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	AHASSI
	4204 blove Street		
	1201 Hays Street NEW Registered Office Address:		
	NEW Registered Office Address.		30 PH 5: 04 ANCY OF STATE ASSEE, FLORIDA
	Tallahassee, F	L 32301	
		Cal Ca	te of Florida, it is hereby confirmed that after
he ch	ange or changes are made, the Florida street address of	of the registere	ed office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
the ch		of the registere liability compa of the limited e limited liabil Patrick	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Shea, Senior Vice President, General Counsel
the chagent was/v the ar	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative ofte of the members ticles of organization of the operating agreement of the	of the registere liability compa of the limited e limited liabil Patrick	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
the chagent was/vihe ar	ange or changes are made, the Florida street address of	of the registere liability compa of the limited e limited liabil Patrick Secreta	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Shea, Senior Vice President, General Counsel lity/Authorized Person Printed or typed name of signee this capacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent Corporation Service Company BY: Grace E. Kirby, Asst. Vice President

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.

1.	Na	me of the limited liability company: FREEDOM REC	YCLING	HOLDING	GS, LLC		
2	(a)	3 Waterway Square Place	(b)	3 Wate	rway Square Place		
۷.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited (Note: MAY BE POST	-	
		Suite 110		Suite 110)		
		The Woodlands, TX 77380		The Woo	odlands, TX 77380		
		03/25/2003	<u></u>	L0300001	10645		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CT Corporation System			_		
		Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of State	e:		
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS)		-		
		1200 South Pine Island Road			- =		
		Plantation , FL_	33324		نز <u>آئِ</u> با الله با حمد -	NUL 9	
	(b)	Corporation Service Company			HASS	ု ယူ	i spriki , spriki k
	` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office add	ress:	_	<u>~:</u>	
		1201 Hays Street			T O	<u>ි</u> බ්	
		NEW Registered Office Address:		•	, FĽÖRIDA	40	
					_		
		Tallahassee , FL_	32301		_		
th ag w th	e cha ent v as/we e arti	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative fote of the members of cles of organization of the operating agreement of the li	he regist pility con the limi mited li Patri	ered officenpany, it is ted liability concokers. Solution of the concokers of the concoker	e and the business offi s hereby confirmed the cy company or as other npany. Senior Vice President, norized Person	ice of the at the charwise pro General	e registered ange(s) ovided in
	•	ture of a member dathorized representative of a member			Printed or typed name of		
pr th to no	ovisi e obl mer tifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the negistered office address, I he din writing of this change. The of Registered Agent Corporation Service Company	erforma for in C. ereby co	nce of my hapter 60: nfirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co rby, Asst. Vice Presi	liar with ument is i ompany h	ly with the and accept being filed aas been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00