L05000018701

<u> </u>
John Arceneaux
8279 8 BOI WEST BAY
#515 Largo FL 3377
Largo FL 33/16
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Chamber 2011) Markey
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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03/11/05--01038--005 **25.00

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

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1. The name of the limit	ited liability company is:	WASTE COST CONSULTANT LLC
		ompany is: 801 WestBay Dr 4515
		LArgo f1, 33770
2/24/2005	5	L050000 18701
3. Date of filing/registr		4. Document number
5. The name of the regis Florida Department of	stered agent and the regis	tered office address as shown on the records of the
11011un Sopurumom	John B	Name
	8279 86Th	Avenue North
	LATGO F	Name Avenue North Address L 33777 State and Zip
6. The name and addres	s of the new registered a	gent and/or office:
	John R 801 West T	Name Say Drive #515 S(P.O. Box NOT acceptable)
	LArgo City, S	FL 33770 tate and Zip
confirmed that after the and the business office of liability company, it is the members of the limithe operating agreement	ompany is not organized or change or changes are m of the registered agent with the registered that the	under the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.
(Signature of a intrincer of audit	• A	.,
(Printed or typed name of signs	· HTCENCAU	
	D-1	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office y company has been notified in writing of this change.
(Signature of Registered Agent) (

FILING FEE: \$25.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314