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JUN 03 2016 S. YOUNG

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Registration Section

TO:

SUBJECT: Na	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	nis matter to the following:	
H.B. Stivers		
Name of Person		
Levine & Stivers LLC		
Firm/Company		
245 E Virginia Street		
Address		
Tallahassee, FL 3230	en e	
City/State and Zip Code		
HB@LevineStiversLaw.com		
E-mail address: (to be used for future an	nual report notification)	
For further information concerning this matte	, please call:	
H.B. Stivers	850 222-6580	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	g amount:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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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 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

HORIZON ENVIRONMENTAL SERVICES LLC 1. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 245 East Virginia Street 1741 Philema Rd South Tallahassee, FL 32301 Albany, GA 31701 08/22/2005 L05000082668 3. Date of filing/registration in Florida Document number Capital Connection, Inc. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 417 E. Virginia Street, Suite 1 32301-1283 Tallahassee Levine & Stivers LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: 245 East Virginia Street FI 32301 Tallahassee If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Mark S. Levine, Trustee Signature of a member or authorized representative of a member Printed or typed name of signee 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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent