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To:	Division of Co	rporations
	Fax Number	: (850)617-6383
From:		
	Account Name	: C T CORPORATION SYSTEM
	Account Number	: FCA00000023
	Phone	: (614)280-3338
	Fax Number	: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

			Email Address:			
۔ - ب	PH 4:46	<b>1</b>	LLC REGISTERED AGENT CHANGE EMERALD WASTE SERVICES, LLC			
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Electronic Filing Menu Corporate Filing Menu

Printed or typed name of signee

## 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 us registered office or registered agent, or both, in the State of Florida.

me of the limited liability company:				
no change	(b)	(b)(b)		
Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company ( <u>Note: MAYBE POST OFFICE BOX</u> )		
4.13/2006		00004701		
Date of filing/registration in Florida	4.	Document number		
CORPORATION SERVICE COMPANY				
Registered Agent and Registered Office shown on the records of	t the Florida Dept	of State.		
1201 Hays Street	<u>"ADDRESS)</u>			
	1. <u></u>			
C T Corporation System		20 		
Enter name of NEW Registered Agent and/or NEW Registers	d Office address			
NEW Registered Office Address:				
<u>NEW</u> Registered Office Address: 1200 South Pine Island Road				
	4. 13/2006    Date of filing/registration in Florida    CORPORATION SERVICE COMPANY    Registered Agent and Registered Office shown on the records o    Registered Office Address    (MUST BE FLORIDA STREET    1201 Hays Street    Tallahassee    C T Corporation System	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)    4. 13/2006  L660    Date of filing/registration in Florida  4.    CORPORATION SERVICE COMPANY  Registered Agent and Registered Office shown on the records of the Florida Dept    Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)    1201 Hays Street		

Signature of a member or authorized representative of a member

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. Thereby confirm that the limited liability company has been notified in writing of this change. By: Signature of Registered Agent Assistant Secretary

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