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Division of Corporations

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From:

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Account Number : 076424003301 : (813)223-7474 Phone

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

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## LLC REGISTERED AGENT CHANGE CREATIVE RECYCLING SYSTEMS OF KENTUCKY, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTE

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.

1. Name of the limited liability company: _Creative	Recycling Systems	of Kentucky, LLC				
2. (a) Principal office address of limited liability comp	oany:					
(Note: MUST BE STREET ADDRESS)	8108 Krauss Boulevard, #110 Tampa, Florida 33619					
(b) Mailing address of limited liability company:		- 日本				
(Note: MAY BE POST OFFICE BOX)	8108 Krauss Boule Tampa, Florida 33	0619				
9/12/08	L0800	0087215				
3. Date of filing/registration in Florida	4. Document number	22				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:	D. Michael O'Leary					
Registered Office Address:	101 E. Kennedy Bo Suite 2700 Tampa, Florida 33					
(b) Enter name of NEW Registered Agent and/or	NEW Registered Office a	oddress:				
NEW Registered Agent:	TK Registered Agent, Inc.					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	101 E. Kennedy Boulevard Suite 2700					
	Tampa	,FL <u>33602</u>				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of entical. Or, in the case of e(s) was/were authorized l	the registered office a Florida limited by an affirmative vote				
Jonathan A. Yob, Manager Printed or typed name of signee	<del></del>					
I hereby accept the appointment as registered agent am comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent	d agree to act in this capa proper and complete perf prosition as registered ago merely reflect a change in any has been notified in w	scity. I further agree to formance of my duties, ent as provided for in the registered office retting of this change.				

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

**FILING FEE: \$25.00** 

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