

L09000 113055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

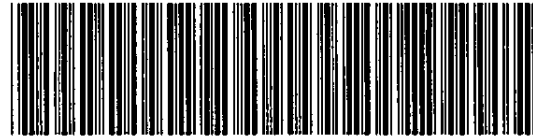
(Business Entity Name)

(Document Number)

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13 JUN 18 PM 5:19  
TALLAHASSEE, FLORIDA

JUN 20 2013  
D. BUTLER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GAMA WASTE SYSTEMS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT LARWER  
Name of Person

GAMA WASTE SYSTEMS LLC  
Firm/Company

14226 BEL SPRING ST.  
Address

JACKSONVILLE, FL 32258  
City/State and Zip Code

SCOTTLARWER@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SCOTT LARWER at ( 229 ) 395-2559  
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: GAMA GAMA WASTE SYSTEMS LLC
2. (a) Principal office address of limited liability company: 14226 BIL SPRING ST  
JACKSONVILLE, FL 32258  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: 14226 BIL SPRING ST  
JACKSONVILLE, FL 32258  
*(Note: MAY BE POST OFFICE BOX)*

11/24/2009  
3. Date of filing/registration in Florida

L09000113055  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Philip Kinney

Registered Office Address:

11512 LAKE MEAD AVE  
Suite 801  
JACKSONVILLE FL 32256

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

SCOTT LARGER

NEW Registered Office Address:  
*(MUST BE FLORIDA STREET ADDRESS)*

14226 BIL SPRING ST.  
JACKSONVILLE, FL 32258

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.

Scott Larger  
Signature of a member or authorized representative of a member

SCOTT LARGER  
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 608, 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.

Scott Larger  
Signature of Registered Agent

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

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA