

L10000069156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

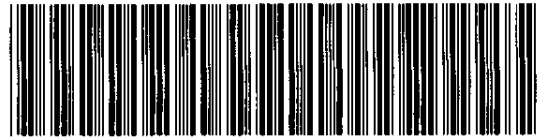
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JUL 18 2012

EXAMINER



700236776627

07/18/12--01001--006 **375.00

RECEIVED
12 JUL 17 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
12 JUL 17 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MICHELE HOLDEN

DATE: 07/17/2012

REF. #: RA0096.169779

CORP. NAME: CREATIVE RECYCLING SYSTEMS OF PENNSYLVANIA, LLC

- ARTICLES OF INCORPORATION ARTICLES OF AMENDMENT ARTICLES OF DISSOLUTION
 ANNUAL REPORT TRADEMARK/SERVICE MARK FICTITIOUS NAME
 FOREIGN QUALIFICATION LIMITED PARTNERSHIP LIMITED LIABILITY
 REINSTATEMENT MERGER WITHDRAWAL
 CERTIFICATE OF CANCELLATION
 OTHER: CHANGE OF REGISTERED AGENT

STATE FEES PREPAID WITH CHECK# 100118 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

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: Creative Recycling Systems of Pennsylvania, LLC

2. (a) Principal office address of limited liability company: 250 BOULDER DR

(Note: **MUST BE STREET ADDRESS**)

STE 300
BREINIGSVILLE PA 18031

(b) Mailing address of limited liability company: 8108 KRAUSS BLVD

(Note: **MAY BE POST OFFICE BOX**)

STE 110
TAMPA FL 33619

06/29/2010
3. Date of filing/registration in Florida

L10000069156
4. Document number

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

Registered Agent: TK REGISTERED AGENT, INC.

Registered Office Address: 101 E KENNEDY BLVD
STE 2700
TAMPA FL 33602 US

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

NEW Registered Agent: NRAI SERVICES, INC.

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 515 EAST PARK AVENUE
TALLAHASSEE FL 32301

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.

Signature of a member or authorized representative of a member

Manuel Alvarez
Printed or typed name of signer

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.

by: Michelle H. Hest, Asst. Sec.
Signature of Registered Agent

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