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Office Use Only



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CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)	age ton	·	
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	MICHELE HOLDEN				
DATE:	<u>07/17/2012</u>				
REF. #:	RA0096.169779				
CORP. NAME:	CREATIVE RECYCLING SOLUTIONS, LLC				
() ARTICLES OF INCORPORATION					
() ANNUAL REPORT		() TRADEMARK/SERVICI		CTITIOUS NAME	
() FOREIGN QUALIFICATION				ITED LIABILITY	
		() MERGER	() WI	THDRAWAL	
() CERTIFICATE OF ((XX) OTHER: CHANGE					
STATE FEES PI	REPAID W	ITH CHECK# 100	<u> </u>	R \$ 25.00	
AUTHORIZATI	ON FOR A	CCOUNT IF TO BE	DEBITED:		
		C	COST LIMIT: 5	S	
PLEASE RETU	RN:				
() CERTIFIED COP	Y ()(CERTIFICATE OF GOOD ST	'ANDING	(XX) PLAIN STAMPEI	р сору
() CERTIFICATE O					

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:CREATIV	E RECYCLING SOLUTIONS, LLC				
2. (a) Principal office address of limited liability compan	3110 CHERRY PALM DR				
(Note: MUST BE STREET ADDRESS)	STE 330 TAMPA FL 33619				
(b) Mailing address of limited liability company:	3110 CHERRY PAIM DR TI				
(Note: MAY BE POST OFFICE BOX)	STE 330 SS - M TAMPA FL 33619 MG 2 0				
09/07/2010	L1000009361				
3. Date of filing/registration in Florida	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 <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	NRAI SERVICES, INC. 515 EAST PARK AVENUE				
MUST BE FLORIDA STREET ADDRESS	TALLAHASSEE ,FL32301				
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 idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office				
Printed or typed name of signee					
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my in Chapter 608, F.S. Or, if this document is being filed to a padress, I hereby confirm that the limited liability companies. Signature of Registered Agent	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office my has been notified in writing of this change.				

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