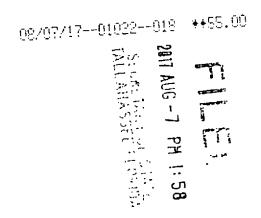
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(R	equestor's Name)
(A	ddress)
	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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	,
1	Office Use Only



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IN HARRIS

COVER LETTER

Registration Section
Division of Corporations

TO:

Pro Way Recycling & Crushing, L	LC	
	Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	nange and	fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to the	following:
Robert Vollmer		
Name of Person		_ _
Pro Way Recycling & Crushing, LLC		
Firm/Company		
7001 Gibsonton Drive		
Address	1.	
Gibsonton FL 33534		
City/State and Zip Code		_
ginav@prowaygroup.com		
E-mail address: (to be used for future annual re	port notif	ication)
For further information concerning this matter, pleas	se call:	
Robert Vollmer at	813	626-4444
Name of Person	(Area Code & Daytime Telephone Numbe
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 amo	unt:	
☐ S25 Filing Fee	p a s∈	55 Filing Fee & Certified Copy
INHS18 (2/14)	1	

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

1. N	ame of the limited liability company:	ycling & Crushir	ng, LLC			
2. (a)	7001 Gibsonton Dr, Gibsonton FL 33534	(b) 7001 G	7001 Gibsonton Dr, Gibsonton FL 33534			
2 . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
3. 5. (a)	B/4/17 (2) 29 (2) Date of filing/registration in Florida Renee Adams		085905 Document number			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Sta	ate:			
	Registered Office Address (MUST BE FLORIDA STREET A	<u> </u>	_ ;	2817 AUG		
	Gibsonton , FL	33534				
	Robert Vollmer		(
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		PH 1: 58		
	NEW Registered Office Address:		_ `	<i>.</i> —		
	7001 Gibsonton Drive		_			
	Gibsonton	33534	_			
the ch agent was/w the art Signs	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member of the appointment as registered agent and agricious of all statutes relative to the proper and complete	the registered officability company, it of the limited liabil limited liability co	ce and the business of is hereby confirmed ity company or as othorpany. T VOLUME Printed or typed name anacity. I further agree	ffice of the registered that the change(s) nerwise provided in of signee		
попуте	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	a jor in Chapter 60 hereby confirm tha	13, r.s. Or, if this do it the limited liability	cument is being filed company has been		
Signati	ure of Registered Agent					