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## 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. Na	me of the limited liability company: U.S.A. R	EC١	CLING	CENTER	S LLC	2	
	940 WEST 13TH STREET			EST 13TH ST			
(a)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	<u> </u>		Mailing address of limi ( <u>Note: MAY BE PO</u>	ted liability		
	UNIT 3N		UNIT 3	N			
	RIVIERA BEACH, FL 33404		RIVIERA	A BEACH, FL 33	3404		
	05/20/14		L140000	081342			
3.	Date of filing/registration in Florida	- 4.		Document numbe	r		
5. (a)	David Palmer, Jr.				يولغ يولغ	282	
<i>.</i> . (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	- e:	- (- 	2821 JUL 26	
	940 WEST 13TH STREET					2	ור
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE	<u>SS)</u>	-	51 	ማ	FILE
	UNIT 3N				AHASSEE FL	PM	8
	RIVIERA BEACH	3340	04	_	995 1995	ч: 0 <b>6</b>	
(b)	Registered Agents Inc.				· •		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	-			
	7901 4th St N			_			
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg	337	02	_			
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability	company, it i imited liabilit	is hereby confirmed by company or as o	d that the	change	(s)
RiL	us tank.		iley Park				
Signa	ture of a member or authorized representative of a member			Printed or typed nam	re 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 605, 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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

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

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