L14000177355

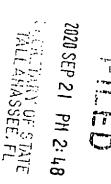
(Requestor's Name)						
(Address)						
(Address)						
(0	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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JQ 10/23/20

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Mr. Trash II, LLC					
301201	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	: Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to th	ne following:			
Kevin l	D. Obos					
	Name of Person					
Hand A	Arendall Harrison Sale					
	Firm/Company					
304 Ma	agnolia Avenue					
	Address					
Panama	a City, Florida 32401					
	City/State and Zip Code					
dgowla	and@helioswaste.com					
Ē	-mail address: (to be used for future annua	l report no	tification)			
For fur	ther information concerning this matter, pl	ease call:				
Stephar	nie Slack	850 at (769-3434			
	Name of Person	(Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following an	nount:				
	■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			
INHS18	3 (2/14)					

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: Mr. Trash II, Ll	LC ————		<u> </u>
2. (a)				
-· (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	of limited liability company: BE POST OFFICE BOX
	1108 School Avenue		same as principal address	s
	Panama City, Florida 32401			
	November 3, 2015	I	.14000177355	
3.	Date of filing/registration in Florida	4.	Document n	umber
5. (a)				
()	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:	
	Brian Ross			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	1108 School Avenue			2020 T
	Panama City, F	L_32401		2020 SEP
<i>a</i> >				22 7
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ress:	SEP PA
				E. F. ST.
	Douglas Gowland	_		4. 8
	NEW Registered Office Address:			
_	1108 School Avenue			
	Panama City, F	L32401		
change agent was/w the art Signa I here provise the objeto mer	imited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited less authorized by an affirmative vote of the members icles of organization of the operating agreement of the united a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, if a member of this change.	ne registered liability con of the limited lia Doug	l office and the business upany, it is hereby confi led liability company or ubility company. las Gowland Printed or type on this canacity. I further	s office of the registered irmed that the change(s) as otherwise provided in a d name of signee