## 114000193752

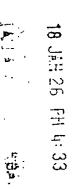
(Requestor's Name)					
(Address)					
(Address)					
(C	city/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
	<u> </u>				

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	COVER LETTER				
TO: Registration Section Division of Corporations		·			
FLSC RECYCLING, LLC SUBJECT:					
	e of Limited Li	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the	following:			
Marc Douglas					
Name of Person		_			
FLSC RECYCLING, LLC					
Firm/Company		<del></del>			
135 Weston Road, Suite 319					
Address		<del></del>			
Weston, FL 33326					
City/State and Zip Code		<del></del>			
cbf@clothesbinfranchise.com					
E-mail address: (to be used for future annual	ual report notif	ication)			
For further information concerning this matter.	please call:				
Marc Douglas	844	355-2467			
Name of Person	at (	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tal	Hahassee, Florida 32314			
Enclosed is a check for the following	amount:				
☑ \$25 Filing Fee	□ Sf	55 Filing Fee & Certified Copy			

## 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.

L Na	une of the limited liability company: FLSC RI	ECYCYLIN	G, LLC		
2. (a)	3911 SW 47th Avenue	<sub>(h)</sub> 3911 SW 47th Avenue			
2. (11)	Principal office address of limited liability compar ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing addr ( <u>Note: M.</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 903		Suite 903		
	Davie, FL 33314	·	Davie, FL 33314		
	12/19/14		L14000193752		
3.	Date of filing/registration in Florida	4.	Documen	t number	
5. (a)	Marc Douglas				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3911 SW 47th Avenue			18 18/1 26	
•	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3911 SW 47th Avenue			26 PI	
	Davie	_, FL_33314	4	PN 4: 33	
(b)	Marc Douglas				
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Reg</u>	gistered Office a	<u>ddress</u> :		
	135 Weston Road				
	NEW Registered Office Address:				
	Suite 319				
	Weston	FL33326	3		

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 of a member Printed or typed name 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Signature Registered Actiff