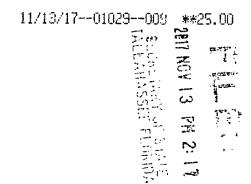
## L14000032313

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





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HOV 1 1 2017 J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	RC REFUSE PARTS, LLC		
		e of Limited	Liability Company
Dear S	Sir or Madam:		
The en	nclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning thi	s matter to the	he following:
Matt	hew P. McLauchlin		
	Name of Person		<del></del>
Eave	enson, Fraser, Lunsford & Ivan, PL	LC	
<u>-</u>	Firm/Company		<del></del>
4230	) Pablo Professional Court, Suite 2	50	
	Address		
Jack	sonville, FL 32224		
	City/State and Zip Code		<del></del>
matt	@efli.law		
	E-mail address: (to be used for future ann	ual report no	otification)
For fu	urther information concerning this matter,	please call:	
Matt	McLauchlin	904	567-1160
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2651 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	amount:	
	☑ \$25 Filing Fee		\$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

(a)		(	b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	•
	405 LOOMIS AVENUE		405	LOOMIS AVENUE	,
	DAYTONA BEACH, FL 32114		DAY	YTONA BEACH, FL 32114	
	02/16/2016		L1600	000032313	
	Date of filing/registration in Florida	4.		Document number	
(a)					
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. o	of State:	
	KELLY E. DUNN				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	50 NORTH LAURA STREET, 41ST FLOOR				
	JACKSONVILLE , FI	3220	2	THE CONTRACTOR OF STREET	
(b)	EAVENSON, FRASER, LUNSFORD & IVAI	N, PLL	С	SSE 3	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	ATTN.: MATTHEW P. MCLAUCHLIN				
	NEW Registered Office Address:				
	4230 PABLO PROFESSIONAL COURT, S	UITE 2	250		
	JACKSONVILLE	L 3222	4		
the l	imited liability company is not organized under the la			of Florida, it is hereby confirmed that	after
e cha ent v	ange or changes are made, the Florida street address on will be identical. Or, in the case of a Florida limited I	f the regiability	gistered ( company	l office and the business office of the re my, it is hereby confirmed that the chang	gist ge(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the				led i
<b>C</b> ( ) ( )	( Int ( and)		AI	bert (Aupbell  Printed or typed name of signee	
				D(F) \ DVLDDCVI	

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

notified in syriting of this change.

Signature of Registered Agent