

LIL 000082417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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JUL 08 2016

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Emerald Coast Disposal, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Bart Begley**

Name of Person

**Emerald Coast Disposal, LLC**

Firm/Company

**947 Bambi Dr**

Address

**Destin, FL 32541**

City/State and Zip Code

**bartbegley1@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Bart Begley**

at ( **850** )

**830-1848**

Name of Person

Area Code & Daytime Telephone Number

**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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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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. Name of the limited liability company: Emerald Coast Disposal, LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>947 Bambi Dr</u> <u>Destin, FL 32541</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>947 Bambi Dr</u> <u>Destin, FL</u>
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3. _____ Date of filing/registration in Florida <u>4/26/2016</u>	4. _____ Document number <u>L16000082417</u>
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5. (a) May 26, 2016  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Bart Begley  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
15500 Emerald Coast Pkwy #904  
Destin, FL 32541

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bart Begley  
NEW Registered Office Address:  
947 Bambi Dr  
Destin, FL 32541

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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.

Bart A. Begley  
Signature of a member or authorized representative of a member

Bart A. Begley  
Printed or typed name of signer

*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.*

Bart A. Begley  
Signature of Registered Agent