

L17 0000 2641 344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

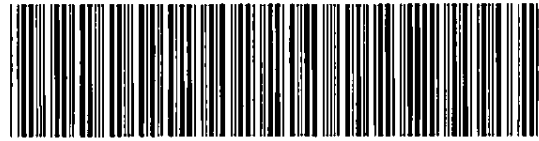
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700441215347

FILED

2024 DEC 18 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 18 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FL



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: x62969  
Date: 12/18/24  
Order #: 1728840-1  
Re: Single Stream Recyclers, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over a faint, circular official stamp.

Enclosed please find:

Change of Registered Agent and Office  
Check in the amount of: \$25.00 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis  
Issue proof of filing  
Return evidence to the following:  
ATTN: Amanda Miller  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

FILED  
2024 DEC 18 PM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Single Stream Recyclers 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:

Amy Wagner

\_\_\_\_\_  
Name of Person

CLP CIRCULAR SERVICES INC

\_\_\_\_\_  
Firm/Company

888 SEVENTH AVENUE - FLOOR 10

\_\_\_\_\_  
Address

NEW YORK, NY 10106

\_\_\_\_\_  
City/State and Zip Code

amy.wagner@circular-services.com

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

For further information concerning this matter, please call:

Elena Spinelli EST +1 202 816 2349

\_\_\_\_\_  
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 amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2024 DEC 18 AM 10:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Single Stream Recyclers, LLC

2. (a) 3901 N Orange Avenue (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Sarasota, FL 34234

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

08/04/2020

3. Date of filing/registration in Florida

4. L17000264394  
Document number

5. (a) Capitol Corporate Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

515 East Park Avenue 2nd Fl.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

TALLAHASSEE, FL 32301

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

Corporation Service Company

**NEW** Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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 or authorized representative of a member

AMY WAGNER - CFO

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, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

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

FILED  
2024 DEC 18 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FL