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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

Division of Corporations			
Tire Recycling Services of FL LLC SUBJECT:			
	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Christopher Johnson			
Name of Person	· · · · · · · · · · · · · · · · · · ·		
Tire Recycling Services of FL LLC			
Firm/Company			
11821 Palm Beach Blvd Unit 126 Box 167			
Address			
Fort Myers, FL 33905			
City/State and Zip Code			
BPit228208@aol.com			
E-mail address: (to be used for future annual re	port notification)		
For further information concerning this matter, please	e call:		
Brenda Pltman	239 731-1213		
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 amou	int:		
■ \$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.

1. N	ame of the limited liability company: Tire Recycling	Services	of FL LLC	
2. (a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11821 Palm Beach Blvd Unit 126 Box 167		Same	
	Fort Myers, FL 33905			
	Feb 8, 2021		L2000002	239790
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jessica L Quackenbush			
,	Registered Agent and Registered Office shown on the records of	of the Flor	da Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREE) 15870 Old Olga Rd	T_ADDRE	<u>SS)</u>	– ਦ2
		FL_33905	-	SECONO SECONO
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office :	<u>.</u> ıddress:	TOU NOV 15 M 7: 29 SECRETARY OF STATE SECRETARY OF STATE
	Brenda Pittman			
	NEW Registered Office Address:			
	1285 Gramac Drive			
	North Fort Myers, F	L		_
agent was/we the articolor	mited liability company is not organized under the later or changes are made, the Florida street address of the or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members cless of organization or the operating agreement of the proof a member of authorized representative of a member on accept the appointment as registered agent and agons of till statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change.	ic registe liability of of the li- c limited	office a company, it mited liabil liability co	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Ther Johnson Printed or typed name of signce