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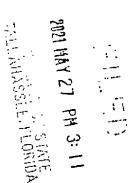
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COVER LETTER

TO: Registration Section Division of Corporations

Name of Limited I	Liability Company
Dear Sir or Madam:	
he enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
lease return all correspondence concerning this matter to the	e following:
revor Johnson	
Name of Person	
NY KIND OF TRASH HAULING AND DEBRIS' REMOVAL "	LLC
Firm/Company	
15 BISCAYNE DR.	
Address	
VEST PALM BEACH, FL 33401	
City/State and Zip Code	
nykindtrash@gmail.com	
E-mail address: (to be used for future annual report noti	fication)
or further information concerning this matter, please call:	
revor Johnson 561	7975731)
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

3 \$25 Filing Fee

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:	ANY KIND OF TI	RASH HA	AULING A	ND DEBRIS' REMOVAL "LLC"
2. (a	515 BISCAYNE DR.WEST PALM BEA	NCH, FL 33401	(b)	515 BISCA	AYNE DR.WEST PALM BEACH, FL 33401
	Principal office address of limited lia (Note: MUST BE STREET A	• • •	(0.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	03/05/2021 Date of filing/registration in JOHNSON, SHERRIE C	Florida		.210001081	94 Document number
5. (a) Registered Agent and Registered Office show	vn on the records of th	he Florida	Dent of State	
	10170 52ND PL. SLAKE WORTH., FI		ile i leilad	Dept. of Marc	•
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021	
(b)		, FL_	· · · · · ·		2021 HAY 27
	Trevor R. Johnson				
	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered (Office add	ress:	PH 3: 11
	NEW Registered Office Address:				
	515 Biscayne Dr				
	West Palm Beach	, FL	33401		
chang agent was/v	limited liability company is not organize or changes are made, the Florida street will be identical. Or, in the case of a Florida street authorized by an affirmative vote of ticles of organization or the operating a	et address of the r Torida limited liab of the members of	egistered oility con the limit imited lia	l office and apany, it is sed liability	hereby confirmed that the change(s) company or as otherwise provided in
Sign	nature of a member or authorized representative	of a member	-4		Printed or typed name of signee
provi the oi to me	reby accept the appointment as registere sions of all statutes relative to the prob bligations of my position as registered of rely reflect a change in the registered of ed in writing of the change.	ed agent and agre ed and complete p igent as provided ffice address, I he	e to act i verforman for in Ch vreby con	n this capa ice of my d iapter 605, ifirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signa	ture of Registered Agent				