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C T CORPORATION SYSTEM				
Requestor's Name 660 East Jefferson Stree	t			
Address Tallahassee, FL 32301	(850)222-1092		200000000000	o i
City State Zip	State Zip Phone		200002982522 -09/09/9901061004 *****35.00 ******35.	ng. On
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Examiner			THANKS CONNIE BRYAN	-
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Verifier			10 mg	
Acknowledgment				

Florida Department of State, Jim Smith, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office	
or registered agent, or both, in the State of Florida.	
1a. The name of the corporation is: Kimmins Recycling Corp.	
1b. Date of incorporation November 21, 1989 Document number L31221	
2. The name and address of the current registered agent and office:	
Joseph M. Williams	. **
1501 E. 2nd Ave., Tampa, FL 33605	.
3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) C T CORPORATION SYSTEM	
c/o C.T CORPORATION SYSTEM, 1200 South Pine Island Rd., Plantation Florida 3332	4
The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. SIGNATURE (Type or printed name and title)	
DATE	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE BY: WITH ALL SYSTEM	
DATE 9/7/99 (ROPERTARY) ASSISTANT SECRETARY	

CR2E045 (7-91) Filing Fee: \$35.00 (FLA. - 2194 - 3/4/92)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314