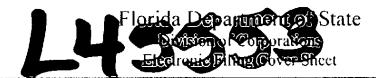
3/4/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

Email	Address:			

REGISTERED AGENT CHANGE SOUTHERN WASTE SERVICES, INC.

Certificate of Status	0
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MAR 0 5 2020

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

2020-03-04 10:46:11 CST

	•	2, 617.0502, 607.1508, or 617.1508, Florida Statut	
•		tion organized under the laws of the State of Florid to or registered agent, or both, in the State of Floria	
	•		
	the corporation: Southern Wuste !		
	l office address: 3500 Sunrise Hig	ghway	
Great River.			
3. The mailing a Great Rive	addréss (if different): 3500 Sunris er, NY 11739	ise Highway	
4. Date of incor	rporation/qualification: 01/26/199	Document number; L45553	
	ed street address of the current reportment of State: (If resigned, ento	egistered agent and registered office on file with the ter resigned)	e
	COGENCY GLOBAL INC.		
	115 NORTH CALHOUN ST., S	SUITE 4	2020 MAR -4 SECREDE
	TALLAHASSEE, EU32301		AR -
6. The name and (if changed):		stered agent (if changed) and for registered office.	AMIO: OI
	NRAI Services, Inc.		0.0 0.0
	1200 South Pine Island Road	•	
	P.C	O Box NOT acceptable	
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the identical.	the street address of the business office of its regi	stered agent.
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an office s been notified in writing of the change.	r so
Je salu	we of an officer or director	Trush Solding Secretary	·
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered to comply with the provisions of my duties, and I am familiar with document is being filed mere that the corporation has been t	agent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as reely to reflect a change in the registered office add notified in writing of this change.	egistered lress, I
M	RISHIF OF Registered Agent	03/03/2020	
If signing on be	ehalf of an entity:		
Michele Holden,	, Asst Sect		
T	Typed or Printed Name	***	

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314 CR2E045 (03/12)