172909

(Re	equestor's Name)	
(Ad	dress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700271087067

03/31/15--01026--026 **70.00

15 MAR 27 AM 11: 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

APR 02 2015 T. CARTER

COX & SANCHEZ

Attorneys at Law -

THOMAS F. COX, ESQUIRE STEPHANY P. SANCHEZ, ESQUIRE MARIA E. SAUTER, Paralegal

MAILING ADDRESS
P.O. Box 40008
St. Petersburg, Florida 33743
(727) 896-2691 Phone
(727) 541-7900 Facsimile

PHYSICAL ADDRESS
4488 Star Street
St. Petersburg, Florida 33709
Website: CoxSanchez.com

March 11, 2015

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: C & S Recycling Corporation

Dear Sir or Madame:

Enclosed please find the following:

- Officer/Director Resignation for a Corporation;
- Statement of Change of Registered Office or Registered Agent or Both for Corporation; and
- Our office check number 24378 payable to the Florida Department of State in the amount of \$70. to cover the filing fee for both.

Thank you for your attention to this request and, if you have any questions or concerns, please do not hesitate to contact me.

Very truly yours,

Thomas F. Cox, Esquire

TFC/mes Enclosures 15 MAR 16 PM 2: 13

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C & S Recycling Corporation	
2. The principal office address: 2032 2 nd Avenue South, St. Petersburg, Florida 33712	
3. The mailing address (if different):	
4. Date of incorporation/qualification:May 11, 1990 Document number: L72909	
5. The name and street address of the current registered agent and registered office on file with the	
Florida Department of State: (If resigned, enter resigned)	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Roger E. Holland (Resigned) 10339 Cirimoya Seminole, Florida 33772	<u>:</u>
10339 Cirimoya Seminole, Florida 33772 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
(if changed):	,
Charles G. Sciacca 2032 2 nd Avenue South St. Petersburg, Florida 33712	
The street address of its registered office 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, or the corporation has been notified in writing of the change.	
Charles C. Sciacca, Parsidut Signature of an officer or director Printed or typed name and title	
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
Charles S. Sciacca 3/11/15	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Charles C. Sciacca	

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