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SECRETARY OF STATE

ALLARASSE FOR STATE

D. BRUCE
NOV 25 2008
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	TECT: U-Dump Trailers, LLC (Name o	of Limited Liability Company)	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning	g this matter to the following:	
Anna k	K. Dragolich		
	(Name of Person)		
Brenar	nn, Manna and Diamond, LLC	~~ C	08
	(Firm/Company)		₹ 7
75 E. N	Market St.	SET O	21. - -
	(Address)		NOV 21 PHIS TO
Akron.	, OH 44308	ATE NOA	-
	(City/State and Zip Code)		•
For fu	rther information concerning this matte	ter, please call:	
Anna k	K. Dragolich	at (_330) 253-5060 x151	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the followin	ng amount:	
	☑ \$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 608.416 or 608.508, 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: U-Dump Tra	ailers, LLC	
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 75 E. Market St. Akron, OH 44308	
(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	75 E. Market St. Akron, OH 44308	
06/20		M01000001394	
3. Da	ate of filing/registration in Florida	4. Document number	
5. (a	a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	KRISMANTH, KENNETH J	
	Registered Office Address:	76 SOUTH LAURA ST., STE 2110 ASS Sacksonville, FL 32202	
		HASS	7
(b)) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	Ш П
	<u>NEW</u> Registered Agent:		Ü
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	BMD Florida Serville CD 800 West Monroe Street @	
		Jacksonville ,FL 32202	
that a office hereb liabili limite	limited liability company is not organized under the fler the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cy confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	et address of the registered office and the busines ase of a Florida limited liability company, it is by an affirmative vote of the members of the lim	ss ited
` •	•		
	. Walko d or typed name of signee)	_	
I here compo am fa F.S. (confir	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pri miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a m that the limited liability company has been notified	gree to act in this capacity. I further agree to oper and complete performance of my duties, an as registered agent as provided for in Chapter (change in the registered office address, I hereby I in writing of this change.	d I 508,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00