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(Re	questor's Name)	<u> </u>
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DEC 11 2013 T CLINE ZUBBOEC TO PM 1: 53

December 6, 2013

VIA US MAIL

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

Re: _VALET WASTE, LLC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$25.00 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Leana Guzman

REGISTERED AGENT SOLUTIONS, INC.

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.

Name of the limited liability company:	VALET WASTE, LLC
2. (a) Principal office address of limited liability company	601 N. ASHLEY DR., SUITE 700
(Note: MUST BE STREET ADDRESS)	TAMPA, FL 33602
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
01/24/2006	M0600000387
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	TK REGISTERED AGENT, INC.
Registered Office Address:	101 E. KENNEDY BOULEVARD SUITE 2700 TAMPA, FL 33602
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Registered Agent Solutions, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Dr. Suite A Suite A FL32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or, the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the registered office tical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote rwise provided in the articles of organization by.
Bill Clarke, Member Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company Asst. Secretary Signature of Registered Agent Jackyn Wright	; ;
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)