

M100000000118

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000050386 3)))



H100000503863ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing
date of submission 3/4/10

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Cmills@advanceddisposal.com

**LLC REGISTERED AGENT CHANGE
ADVANCED DISPOSAL RECYCLING SERVICES GULF COAST LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$25.00

L. SELLERS

MAR - 8 2010

EXAMINER

FILED
10 MAR - 4 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



March 5, 2010

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ADVANCED DISPOSAL RECYCLING SERVICES GULF COAST, LLC
7915 BAYMEADOWS WAY
STE 300
JACKSONVILLE, FL 32256

SUBJECT: ADVANCED DISPOSAL RECYCLING SERVICES GULF COAST, LLC
REF: M10000000118

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

FAX Aud. #: H10000050386
Letter Number: 110A00005455

RECEIVED
10 MAR -5 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Advanced Disposal Recycling Services Gulf Coast, LLC

2. (a) Principal office address of limited liability company: 7915 BAYMEADOWS WAY

☐ (Note: **MUST BE STREET ADDRESS**) SUITE 300
JACKSONVILLE FL 32256

(b) Mailing address of limited liability company: 7915 BAYMEADOWS WAY

☐ (Note: **MAY BE POST OFFICE BOX**) SUITE 300
JACKSONVILLE FL 32256

3. Date of filing/registration in Florida 01/11/2010 4. Document number M10000000118

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: WODRICH, MICHAEL A

Registered Office Address: 1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE FL 32256

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: CT Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

CHRISTIE MILLS
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6329, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (05/08)

FL015 - 05/01/2009 CT System Change

FILED
10 MAR -4 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA