

8/11/16 9:11:52 AM From: Division of Corporations

To: (850)617-6383 (1/4)

Page 1 of 2

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.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**\*RE-SUBMIT\***

Please retain original filing date of submission 8/11

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

Email Address: \_\_\_\_\_

LLC REGISTERED AGENT CHANGE  
WE CARE RECYCLING TRANSPORT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

\*\*\*Attn: Stacey Warren\*\*\*

Electronic Filing Menu

Corporate Filing Menu

AUG 18 2015  
Help  
CLERK

8/17/2016 9:01:52 AM From: To: 8506176383( 2/4 )



August 15, 2016

FLORIDA DEPARTMENT OF STATE

WE CARE RECYCLING TRANSPORT, LLC Division of Corporations  
2300 STONINGTON AVENUE  
HOFFMAN ESTATES, IL 60169

SUBJECT: WE CARE RECYCLING TRANSPORT, LLC  
REF: M13000006899

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

Please write "Current Agent Resigned in Error" on line 5A. Need clearer signature of member.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Stacey M Warren  
Regulatory Specialist II

FAX Aud. #: H16000197938  
Letter Number: 216A00017176

8/17/2016 9:01:52 AM From: To: 8506176383( 3/4 )

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: We Care Recycling Transport, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lingou Zhou

Name of Person

We Care Recycling Administration, LLC  
Firm/Company

2300 Stonington Ave  
Address

Hoffman Estates, IL 60169  
City/State and Zip Code

wcr.aut.office@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lingou Zhou

Name of Person

at ( 620 )

373-5396

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 following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

8/17/2016 9:01:52 AM From: To: 6506176383( 4/4 )

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: We Care Recycling Transport, LLC
2. (a) 2300 Stonington Avenue  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Hoffman Estates, IL 60169
- (b) 2300 Stonington Avenue  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Hoffman Estates, IL 60169
3. 10/31/2013  
Date of filing/registration in Florida
4. M13000006899  
Document number

5. (a) **Current Agent Resigned in Error**

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL

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

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

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

Lumini Toska  
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 605, 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: CT Corporation System

[Signature]  
Signature of Registered Agent

Maria Ozaeta, Vice President

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

INHS18 (2/14)