(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400418428534

2023 EDY -9 FT 3: 40

2023 MOV -9 PH 4: 29

RECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/09/2023	
	Juliana	
	#:2160653	_
		RECYCLING OF INDIANA LLC
☐ Arti	cles of Incorporation/Authorization	to Transact Business
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Mer	rger	
Dis:	solution/Withdrawal	
☐ Fict	itious Name	
Oth	er	
Authorized	Amount: \$25.00	

F: 800.944.6607

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.

iNü	ame of the limited liability company:	GREENW	AY WA	STE & RECYCLIN	G OF INDIANA L
(a)			(b)	
	Principal office address of limited lial (Note: MUST BE STREET AI			~	of limited liability company: <u>BE POST OFFICE BON</u>)
	No Change			No Change	
	May 16, 2022			M2200000761	7
	Date of filing/registration in	Florida	4.	Document nu	mber
. (a)	Corporation Service Company				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1201 Hays Street				237
	Registered Office Address (MUST BE FI				
	Registered Office Address [MOST BE PE	<u> LORIDA STREET</u>	'ADDRESS	1	
	Tallahassee		32301	<u> </u>	2331111-9 Fii
(h)			· -	<u> </u>	— · မ
(h)	Tallahassee	, F	1,_32301	-2525	
(h)	Tallahassee COGENCY GLOBAL INC.	r <u>NEW Registere</u>	1,_32301	-2525	— · မ
(h)	Tallahassee COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/o	r <u>NEW Registere</u>	1,_32301	-2525	्रा :: :

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.

/s/ David Gershman

David Gershman

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/s/ Tim Mayville

Signature of Registered Agent

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