

M95000000107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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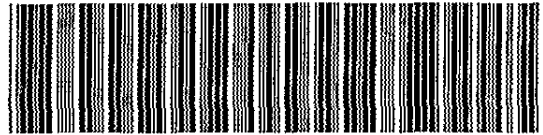
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-8833

February 10, 2003

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

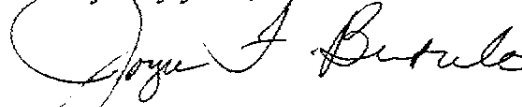
Re: Registered Agent Statement of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of Auto Shred Recycling, LLC, Limited Company.

Also enclosed is Carlton Fields' Check No. 309286 in the amount of \$25.00 for the payment of the filing fees of the above-described statement of change.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

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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. The name of the limited liability company is: Auto Shred Recycling, LLC, Limited Company
2. The mailing address of the limited liability company is: 1000 SOUTH MYRICK ST., PENSACOLA, FL 32505
- 1/26/95 M95 000000107
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Roger D. Schwenke
Name
One Harbour Place 777 S. Harbour Island
Address
Tampa FL 33602
City, State and Zip

6. The name and address of the new registered agent and/or office:

CFRA, LLC
Name
One Harbour Pl 777 S. Harbour Island Blvd, Ste 500
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33602
City, State and Zip

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)

BRANDT M. LORIO, SECRETARY
(Printed or typed name of signer)

GENERAL COUNSEL

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.

[Signature]
(Signature of Registered Agent)

Peter J. Winters

2-10-03
Vice President
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314