P00000057494

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400308741234

02/08/18--01028--022 **35.00



C MCNAIR

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ROCKLAND RECYCLING CENTER, INC.

Name of Corporation

DOCUMENT NUMBER. P00000057496

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD TOPPINO

Name of Contact Person

Firm/Company

P.O. BOX 787

Address

KEY WEST, FL 33041-0787

City/State and Zip Code

ASHLEYP@CHARLEYTOPPINO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD TOPPINO

.,305

296-5606

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: ROCKLAND RECYCLING CENTER, INC.
2. The principal	office address: 155 TOPPINO INDUSTRIAL DRIVE
ROCKLA	ND KEY, KEY WEST, FL 33040
	address (if different): P.O. DRAWER 1149
	EST, FL 33041-1149
4. Date of incor	poration/qualification: 06/14/2000 Document number: P00000057496
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	STONES, ADELE V
	221 SIMONTON STREET KEY WEST, FL 33040
	KEY WEST, FL 33040
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
<i>1</i>	RICHARD TOPPINO
129	TOPPINO INDUSTRIAL DRIVE
•	P.O. Box NOT acceptable
	KEY WEST, FL 33040
-	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
9 belled.	RICHARD TOPPINO, DIRECTOR
I hereby accept I further agree to performance of	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
If signing on be	nature of Registered Agent Date Pino half of an entity:
T _:	yped or Printed Name * * * FILING FEE: \$35.00 * * *
	4 4 3 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1