

P03000028061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

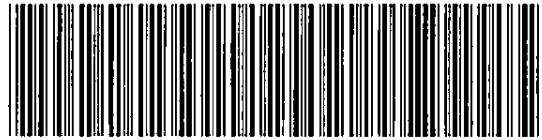
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SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Waste Wizards, Inc.
Name of Corporation

DOCUMENT NUMBER: P03000028061

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:

Stacy A. Fisher
Name of Contact Person

Waste Wizards Inc.
Firm/Company

2494 NW 89th Dr.
Address

Coral Springs FL 33065
City/State and Zip Code

fishstacy1@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy A. Fisher at (954) 825-1616
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Waste Wizards Inc.
2. The principal office address: 2494 NW 89th Dr.
Coral Springs FL 33065
3. The mailing address (if different): P.O. Box 770968, Coral Springs FL 33077
4. Date of incorporation/qualification: 3/10/2003 Document number: PO3000028061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Yates + Schiller, P.A.
7900 Glades Rd. Ste 405
Boca Raton FL 33434
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Stephen Pateckis
2494 NW 89th Drive
P.O. Box NOT acceptable
Coral Springs FL 33065

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Stacy A. Fisher, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

October 30, 2023
Date

If signing on behalf of an entity:

STEPHEN J PATECKIS
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)