

P03000073183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

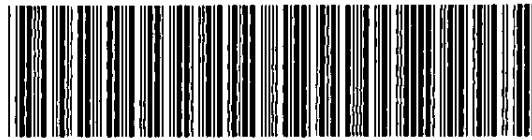
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200211934852

09/15/11--01015--025 \*\*90.00

RECEIVED  
11 SEP 15 PM 12:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

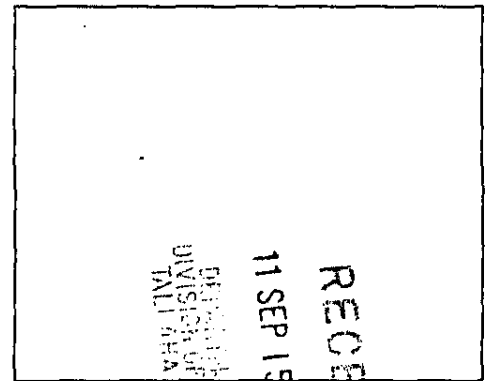
FILED  
11 SEP 15 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chg.*  
C.COULLIETTE

SEP 15 2011

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

SOUTHEAST RECYCLING ALLIANCE, INC.

CK# 5426 FOR \$90.00 (\$35.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SOUTHEAST RECYCLING ALLIANCE, INC.
2. The principal office address: 3401 N.W. 110th Street, Miami, FL 33167
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: July 1, 2003 Document number: P03000073183
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)

Craig M. Dorne, P.A.

407 Lincoln Road, Penthouse Southeast

Miami Beach, FL 33139

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Atrium Registered Agents, Inc.

1500 San Remo Avenue, Suite 125

P.O. Box NOT acceptable

Coral Gables, FL 33146

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

JOHN SZKOLNIK  
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.

ATRIUM REGISTERED AGENTS, INC.

by:

[Signature]  
Signature of Registered Agent

09/14/11  
Date

If signing on behalf of an entity:

Jack D. Finkelman  
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

CR21E045 (8/05)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 15 PM 1:45

FILED