Division of Corporations Electronic Filing Cover Sheet

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(((H100000895393)))



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9

Account Name : TRENAM, KEMKER, SCHARF, BARKIN, FRYE, O'NEILL & MULLIS,

Account Number: 076424003301

Phone : (813)223-7474

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74-4300 DMD

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15900d

REGISTERED AGENT CHANGE CREATIVE RECYCLING SYSTEMS OF NORTH FLORIDA, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H10000089539 3)))

statement of cha	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida	
	-		Systems of North d, #110, Tampa, Flori		
3. The mailing a	address (if different):			•	
4. Date of incor	poration/qualification:	3/9/04	Document number:	P04000042710	
	d street address of the curiment of State: (If resign		nt and registered office on f	The with the	
	101 E. Kennedy B	oulevard, Suite	2700		
	Tampa, Florida 3	3602		POIO F	
6. The name and (if changed):		w registered agent (if changed) and /or register	SSE 9	
	TK Registered Ag	ent, Inc.		P.F. FLOR	
101 E. Kennedy Boulevard, Suite 2700 P.O. Box NOT acceptable			9: 00 TATE ORIOA		
	Tampa, Florida 3	3602			
The street addr	ress of its registered offi ll be identical.	ce and the street ad	dress of the business offic	e of its registered agent,	
Such change of authorized by t	as authorized by resoluthe board, or the corpora	tion duly adopted b ation has been notif	y its board of directors or fied in writing of the chan	by an officer so ge.	
Sign V	une of an officer or director		Jonathan A. Yo	ob, President	
I hereby accept I further agree of my duties, a document is be corporation ha	e the appointment as res to comply with the pro nd I am familiar with a sing filed merely to refle as been notified in writin	eistered agent and c visions of all statute nd accept the oblige ect a change in the i ng of this change.	agree to act in this capaci es relative to the proper a ation of my position as reg registered office address,	ty, nd complete performance vistered agent. Or, if this (hereby confirm that the	
D. Mul	gusture of Registered Agent	 _	4/19/10 Date		
If signing on b	ehalf of an entity:				
	D. Michael O'Leary Typed or Printed Name				
* * * FILING FEE: \$35.00 * * *					