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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: COLLINS DISPOSAL, INC. (Name of Corporation)			
DOCU	MENT NUMBER: P06000081493			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Linda B Collins			
(Name of Contact Person)				
Collins Disposal Inc.				
(Firm/Company)				
P.O. Box 393 (Address)				
	Felda FL, 33930 (City/State and Zip Code)			
For further information concerning this matter, please call:				
Linda	Collins at (863) 675-7713 (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			

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

statement of change	•	607.1508, or 617.1508, Florida Statutes, this d under the laws of the State of Florida d agent, or both, in the State of Florida.		
1. The name of the c	corporation: COLLINS DISPOSAL, INC.			
2. The principal office	ce address: 191 STATE ROAD 29 N, FE	ELDA FL 33930 US		
3. The mailing addre	ess (if different): P.O. BOX 393, FELD	A FL 33930 US		
4. Date of incorpora	tion/qualification: 06/14/2006	Document number: P06000081493		
5. The name and stre Florida Departme	eet address of the current registered agen ent of State:	nt and registered office on file with the		
La	arry Collins			
191 State Road 29 N				
Fe	elda FL, 33930	OG N SECR		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
<u>Lir</u>	nda B Collins			
19	31 State Road 29 N			
	(P.O. Box NOT acceptable)			
	elda FL, 33930	<u> </u>		
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.				
Jaury (Par Officer or director)	Larry Collins (Printed or typed name and title)		
I hereby accept the I further agree to coof my duties, and I document is being f	appointment as registered agent and a			
Imola &		July 1, 2006		
If signing on behalf	re of Registered Agent) f of an entity:	(Date)		
Larry Collins				
(Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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