P00000112844

(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



200109125802

09/11/07--01009--022 **35.00

DIVISION OF CORPORATIONS

-As 9/17/07

COVER LETTER

SUBJECT: CAPITAL RECYCLING, INC. (Name of Corporation)	
DOCUMENT NUMBER: P06000112844	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the following:	
CAPITAL RECYCLIAND FAX	
(Name of Contact Person)	
(Firm/Company) 1339 Center Hot	 .
Little Control of the	
1folly Hill FC 32117	······································
(City/State and Zip Code)	
For further information concerning this matter, please call: Mank Belangelo President Edited P. Millian (Area Code & Daytime Te	

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

Amendment Section Division of Corporations

TO:

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

CR2E045 (8/05)

FOR CORPURATION

Pursuant to the provisions of sections at section statement of change is submitted for its order to change its real	or a corporation organiza	ed under the laws of the Stute of	Florida		
The name of the corporation:	registered office or registered agent, or both, in the State of Florida. CAPITAL RECYCLING INC				
2. The principal office address:					
	Holly Hill, F.	L 32117			
3. The mailing address (if different):				
4. Date of incorporation/qualificati	on: <u>8/30/06</u>	Document number: P0600	0112844		
The name and street address of the Florida Department of State;	he current registered age	nt and registered office on file w	ith the		
ROBERT L	ONG				
231 Lexi	ngton Drive				
- Daytona	Beach FL 32114		- ;.		
6. The name and street address of t (if changed):	he new registered agent (if changed) and /or registered of	fice		
MARK DEM	IIGEIO			S	
1339 Cer	ter Avenue		- 1SE	SECRE	
Holly Hi	(P.O. Box NOT acceptable) 11, FL 32117		-	SA C	
The street address of its registered as changed will be identical.	office and the street ad	dress of the business office of i	its registered agent,	OF STA	
Such change was authorized by re authorized by the board, or the co	solution duly adopted b rporation has been notif	y its board of directors or by an ied in writing of the change.	officer so		
Signature of arrest	John	MARK DE ANSEL	Proselant		
I hereby accept the appointment a I further agree to comply with the of my duties, and I am familiar wi document is being filed merely to corporation has been notified in v	s registered agent and a provisions of all statute th and accept the obligo reflect a change in the t writing of this change.	agree to act in this capacity, is relative to the proper and cou tion of my position as register egistered office address, I here	nplete performance ed agent. Or, if this by confirm that the		
Market N A	faut.	9/4/07 (Date)			
If signing on behalf of an entity: Mank De Arrelo	A Agant				
(Typed or Prifited 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 (8/05)