

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222~1092 Phone Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

REGISTERED AGENT CHANGE Of chang CHOICE RECYCLING SERVICES OF BROWARD, INC.

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Page Count	02
Estimated Charge	\$35.00

MAR 8 2013

T. LEWIS

Electronic Filing Menu

Corporate Filing Menu

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3/8/2013

PAGE 01/02

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STATEM	MENT OF CHANGE OF REGISTERED OFFICE O BOTH FOR CORPORATION	r registered a gent? S	SEC.
	re provisions of sections 607.0502, 617.0502, 607.1508, o		展介
statement of ch	hange is submitted for a corporation organized under the	laws of the State of Florida	\Z\\ \Z\\
	der to change its registered office or registered agent, or	·	SEX
t. The name of	f the corporation: CHOICE RECYCLING SERVICES OF B	roward, inc.	40
2. The principa	al office address: 1699 SW 31ST AVE PEMBROKE FL 330	09	G
* 10 1 40 10 10 10 10 10 10 10 10 10 10 10 10 10		to a stranger to the	
3. The mailing	address (if different); 2860 STATE RD 84 SUITE 103 FOR	T LAUDERDALE FL 33312	
4. Date of incor	erporation/qualification: 11/13/2007 Document	nt mumber: P97000123741	,
5. The name an	nd street address of the current registered agent and regist artment of State: (If resigned, enter resigned)		
	GRANT'J SMITH		
	2860 S.R. 84 STE 103		
	FORT LAUDERDALE FL 33312		
6. The name and (if changed):	nd street address of the new registered agent (if changed) a ;	ind for registered office	
	CT Corporation System		
	c/o C T Corporation System, 1200 South Pine Island Road		
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
	ress of its registered office and the street address of the b I be identical.		d agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	directors or by an officer so of the change.	
1/1	///Thomas	J. Fowler, Vice President	<u></u>
//***	,	ied or typed dame and title	-
I nerety accept I further agree to performance of agent. Or, if this hereby confirm	t the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to t f my dulies, and I am familiar with and accept the obliga its document is being filed merely to reflect a change in that the corporation has boen notified in writing of this	, this capacity his proper and complete uton of my position as registe the registered office address, change.	red I
300 Jan	Portion System	1/1/12	
Sy: Sign	actitute of Registered Agent	T G [1.5]	
If signing on bel	shalf of an entity:		
M. E. Jones, Assi	st. Sody.		
Ty	ypod or Pritted Name		
	* * * FILING FEE: \$35,00 * * *		
Ma	MAKE CHECKS PAYABLE TO FLORIDA DEPARTME AIL TO: DIVISION OF CORPORATIONS, P.O. BOY 5327, TV	INT OF STATE	

PAGE 02/02

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