

P15000050780

Ultimate electronic Recyco, Inc.
125 W. Washington St
Carlinville Illinois 62626



400291450714

(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

10/21/16--01010--025 **35.00

2016 OCT 21 PM 11:00

FILED

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: Ultimate electronic recycling Inc.
2. The principal office address: 900 W. Union st Litchfield Illinois, 62056
3. The mailing address (if different): 125 W. Washington st. Carlinville Illinois , 62626
4. Date of incorporation/qualification: 06/09/2015 Document number: P15000050780
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)

Daniel Schafer

38352 Corey st.

Zephyrhills fl, 33542

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

Nils R. Lenz (B&N Enterprises)

37023 Pepper drive.

P.O. Box NOT acceptable

Zephyrhills fl, 33541-3613

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.

Daniel Schafer

Signature of an officer or director

Daniel Schafer / President

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.

Nils R. Lenz

Signature of Registered Agent

10/05/2016

Date

If signing on behalf of an entity:

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

CD25046 (02/12)

2015 OCT 21 PM 11:00

FILED