## P9500000116

| (Re                                     | questor's Name)   |           |
|---|-------------------|-----------|
| (Ad                                     | dress)            |           |
| (Ad                                     | dress)            | <u></u>   |
| (Cit                                    | y/State/Zip/Phone | ÷#)       |
| PICK-UP                                 | ☐ WAIT            | MAIL      |
| (Ви                                     | siness Entity Nam | ne)       |
| (Do                                     | cument Number)    |           |
| Certified Copies                        | _ Certificates    | of Status |
| Special Instructions to Filing Officer: |                   |           |
|   |                   |           |
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SECRETARY OF STATE

## Law Offices of ROLFE & LOBELLO, P.A.

Attorneys and Counsellors at Law

LAWRENCE C. ROLFE THOMAS LOBELLO, III LISA DI SALLE AMANDA ROLFE TISE MARK J. HORNE 720 Blackstone Building
Jacksonville, Florida 32202
Please Reply To
Mailing Address:
P.O. Box 40546
Jacksonville, Florida 32203-0546

TELEPHONE (904) 358-1666

FAX NO. (904) 356-0516 WEB SITE: WWW.ROLFELAW.COM

December 29, 2005

Florida Department of State Division of Corporations Attn: Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE:

ATCO/Bennett Recoveries, Inc. Document No.: P9500000176

Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Agent regarding the above-referenced corporation. Our firm's check in the amount of \$35.00 is also enclosed representing your fee to file same. For your reference, enclosed please find copy of Resignation of Officers and Directors.

Please return all correspondence concerning this matter to:

Lawrence C. Rolfe, Esquire ROLFE & LOBELLO, P.A. P.O. Box 40546 Jacksonville, FL 32203 (904) 358-1666

If you have any questions or need additional information, please advise.

Sincerely,

TINA M MARQUEZ

Legal Assistant

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

| statement of cha                | nge is submitted for a corporation organi  | t, 607.1508, or 617.1508, Florida Statutes, thi<br>zēd under the laws of the State of Florida<br>red agent, or both, in the State of Florida.  | is                                  |
|---------------------------------|--|--|-------------------------------------|
| 1. The name of t                | the corporation: ATCO/BENNETT RECO   | VERIES, INC.   |                                     |
|                                 | office address: 348 WEST 21ST STREE  |  | <del></del>                         |
| 3. The mailing a                | ddress (if different): SAME  |  |                                     |
| 4. Date of incorp               | poration/qualification: 12/30/1994   | Document number: P9500000176   |                                     |
|                                 | d street address of the current registered agament of State:   | ent and registered office on file with the   |                                     |
|                                 | ELIZABETH S. BENNETT   |  |                                     |
|                                 | 348 WEST 21ST STREET   |  | 0,                                  |
|                                 | JACKSONVILLE, FLORIDA 3220   | 06   | . E                                 |
| 6. The name and (if changed):   | d street address of the new registered agen  | t (if changed) and /or registered office   | では、                                 |
|                                 | WILFRED RIVERA   |  | Toy 5                               |
|                                 | 348 WEST 21ST STREET   |  | 智                                   |
|                                 | (P.O. Box NOT acceptable)  | <del></del>  | T                                   |
|                                 | JACKSONVILLE, FLORIDA 322  | 206  | - <b>`</b>                          |
| The street address changed will | ess of its registered office and the street to be identical.   | address of the business office of its registere  | ed agent,                           |
| Such change wanthorized by the  | as authorized by resolution duly adopted<br>he board, or the corporation has been no   | by its board of directors or by an officer so tified in writing of the change.   | i                                   |
| Mi                              |  | WILFRED RIVERA, PRESIDENT  |                                     |
| I hereby accept                 | the appointment as registered agent and to comply with the provisions of all state of a familiar with and accept the oblining filed merely to reflect a change in the been notified in writing of this change. | (Printed or typed name and title)  d agree to act in this capacity, tes relative to the proper and complete perj gation of my position as registered agent. Ce e registered office address, I hereby confirm | formance<br>Or, if this<br>that the |
| M                               | 1  | December 29, 2005  |                                     |
| (Si                             | gnature of Registered Agent)   | (Date)   |                                     |
| If signing on be                | ehalf of an entity;  | -  |                                     |
| (                               | Typed or Printed Name)  * * * FILING FE  | E: \$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)