P95000069700

(Re	equestor's Name)		
· (Ad	ldress)		
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(Address)			
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2013

CHRISTIAN CLARKE 1907 NW 40TH CT POMPANO BEACH, FL 33064

SUBJECT: CLARKE WASTE SYSTEMS, INC.

Ref. Number: P95000069702

We have received your document for CLARKE WASTE SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

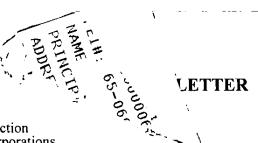
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 613A00016855

Carol Mustain Regulatory Specialist II

www.sunbiz.org



TO: Amendment Section Division of Corporations

SUBJECT: Clarke Waste Systems, Inc.

Name of Corporation

DOCUMENT NUMBER. P95000069702

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christian Clarke

Name of Contact Person

Clarke Waste Systems

Firm/Company

1907 NW 40th Court

Addres

Pompano Beach FL 33064

City/State and Zip Code

christian@clarkewaste.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Clarke

,954

290-3237

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
Tallahassee, FL 32301

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

		502, 607.1508, or 617.1508, Florida Statutes, this	
		ranized under the laws of the State of Florida	
in orde	r to change its registered office or regi	istered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Clarke Waste Sy	/stems, Inc.	
		ourt, Pompano Beach FL 33064	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 09/07/1995	V	
	I street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with the med)	
	Christian Clarke		
	2651 Wiles Road		
	Pompano Beach FL 33073	3	
6. The name and (if changed):	I street address of the new registered ag	gent (if changed) and /or registered office	
	Eric Clarke		
	1907 NW 40th Court		
	P.O. Box NOT acceptable		
	Pompano Beach FL 33064	+	
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopte e board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	
Signatur	re of an officer or director	Eric Clarke, President Printed or typed name and title	
I further agree to performance of agent. Or, if this	the appointment as registered agent a o comply with the provisions of all sto my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	atutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address. I	
a	Certa	June 28, 2013	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Ту	ped 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 * * *

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

		02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida
in order	to change its registered office or regist	tered agent, or both, in the State of Florida
1 The name of the	he corporation: Clarke Waste Sys	stems, Inc.
2 The principal	office address. 1907 NW 40th Co	ourt, Pompano Beach FL 33064
2. The principal	omeo address,	_
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 09/07/1995v	Document number: P95000069702
	street address of the current registered tment of State: (If resigned, enter resign	agent and registered office on file with the ed)
	Christian Clarke	
	2651 Wiles Road	· · · · · · · · · · · · · · · · · · ·
	Pompano Beach FL 33073	
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office
	Eric Clarke	52
	1907 NW 40th Court	<u> </u>
	P.O. Box NO	
	Pompano Beach FL 33064	· · · · · · · · · · · · · · · · · · ·
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,
	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.
The	Carla	Eric Clarke, President
I hereby accept I further agree i	the appointment as registered agent at to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to rej that the corporation has been notified	Printed or typed name and title nd agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as registered flect a change in the registered office address, I in writing of this change.
	(Combine	June 28, 2013
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
T	yped or Printed Name	

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