

P95000092761

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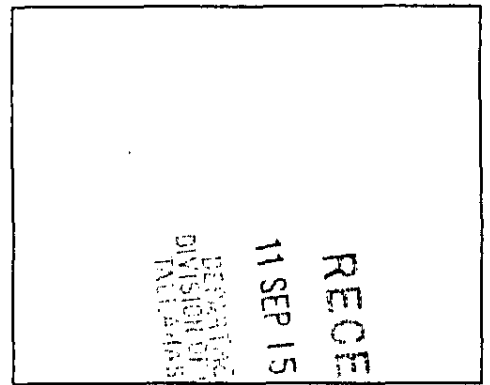
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EXAMINER

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WALK-IN

ENTITY NAME:

SOUTHEAST RECYCLING CORPORATION

CK# 5426 FOR \$90.00 (\$35.00 for this filing)

PLEASE FILE THE ATTACHED CHANGE OF AGENT & RETURN THE FOLLOWING:

- CERTIFIED COPY
- STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

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: SOUTHEASTERN RECYCLING, CORPORATION

2. The principal office address: 3401 N.W. 110th Street, Miami, FL 33167

3. The mailing address (if different): (same)

4. Date of incorporation/qualification: Dec. 6, 1995 Document number: P95000092761

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)

Craig M. Dorne, P.A.

407 Lincoln Road, Penthouse Southeast

Miami Beach, FL 33139

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

Atrium Registered Agents, Inc.

1500 San Remo Avenue, Suite 125

P.O. Box NOT acceptable

Coral Gables, FL 33146

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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.

[Signature of officer or director]

Signature of an officer or director

JOHN SEKOLNIK

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.

ATRIUM REGISTERED AGENTS INC.

[Signature of Registered Agent]

Signature of Registered Agent

09/14/11

Date

by

If signing on behalf of an entity:

Jack D. Finkelman

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