

PA6000103241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

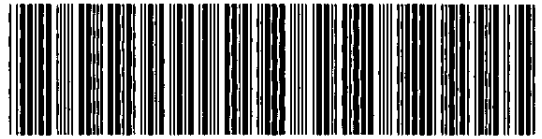
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAY 20 PM 3:02

RA/chg
@ 5/27/08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL CARTING DISPOSAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P96000103241

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:

ANGELO VERRELLI
(Name of Contact Person)

CENTRAL CARTING DISPOSAL, INC.
(Firm/Company)

20719 US HWY 301
(Address)

DADE CITY FL 33523
(City/State and Zip Code)

For further information concerning this matter, please call:

DOROTHY CARR at (352) 583-4204
(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**

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: CENTRAL CARTING DISPOSAL, INC
2. The principal office address: 20719 US HWY 301 DADE CITY FL 33523
3. The mailing address (if different): PO BOX 1947 DADE CITY FL 33526
4. Date of incorporation/qualification: 12/24/1996 Document number: P96000103241
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JUSTIN W FLETCHER

20719 US HWY 301

DADE CITY FL 33523

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

ANGELO VERRELLI

20719 US HWY 301

(P.O. Box NOT acceptable)

DADE CITY FL 33523

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.

Angelo Verrelli
(Signature of an officer or director)

ANGELO VERRELLI 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.

Angelo Verrelli
(Signature of Registered Agent)

5/14/08
(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

CR21E045 (8/05)

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DIVISION OF CORPORATIONS
08 MAY 20 PM 3:08