## P99000088246

(Requestor's Name)			
(Address)			
(Address)			
, ,			
(City/State/Zip/Phone #)			
(Only) States Zips Priorite #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



000030390620

03/15/04--01091--003. \*\*35.00



PA change 3/19/14

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: GLOBAL RESOURCE RECOVERY ORGANIZATION, INC.				
(Name of corporation)				
DOCUMENT NUMBER: P99000088246				
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:				
David B. VanSickel				
(Name of person)				
Davis, Brown, Koehn, Shors & Roberts, P.C.				
(Name of firm/company)				
GGG Walnut Street Cuite SEON				
666 Walnut Street, Suite 2500 (Address)				
Des Moines, Iowa 50309				
(City/state and zip code)				
For further information concerning this matter, please call:				
David B. VanSickel at (515) 288-2500  (Name of person) (Area code & daytime telephone number)				
(Name of person) (Area code & daytime telephone numb	er)			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street				
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399				

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

change is submitte	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid d for a corporation organized under the laws of the State of Florida	a Statutes, this statement of in order
	tered office or registered agent, or both, in the State of Florida.	
1. The name of the	corporation: GLOBAL RESOURCE RECOVERY ORGANIZATION,	INC
2. The principal of	fice address: 6150 SR 70 EAST	<u>, the second to the second to</u>
BRADENTON,	FL 34203	
3. The mailing add	ress (if different):	<u> </u>
· · · · · · · · · · · · · · · · · · ·	andra and the second and the second The second and the second and	
4. Date of incorpor	ration/qualification: 10/06/1999 Document number: P9900	00088246
5. The name and s Florida Departm	treet address of the current registered agent and registered office on file nent of State:	with the
<u>s</u>	TEPHEN O. DECKER	AN
. 4	00 N TAMPA ST, SUITE 2450	
-		FSE 04
_1	AMPA, FL 33602	五五
6. The name and s (if changed):	treet address of the new registered agent (if changed) and /or registered	
<u></u>	T CORPORATION SYSTEM	
1	200 SOUTH PINE ISLAND ROAD	33 8
_	(P.O. Box or personal mailbox NOT acceptable)	
P	LANTATION, FL 33324	<u> </u>
The street address changed will be in	of its registered office and the street address of the business office of dentical.	f its registered agent, as
Such change was the board, or the	authorized by resolution duly adopted by its board of directors or by corporation has been notified in writing of the change.	an officer so authorized by
		ped name and title)
duties, and I am f being filed merch	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and camiliar with and accept the obligation of my position as registered as to reflect a change in the registered office address, I hereby confirminity of this change.	complete performance of my gent. Or, if this document is i that the corporation has
Mig	small Sth 3/12/04	(Date)
If signing on beha	Michael J. Smith Assistant Secretary	و د د د د د د د د د د د د د د د د د د د
	Typed or Printed Name)	(Capacity)

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