

477508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

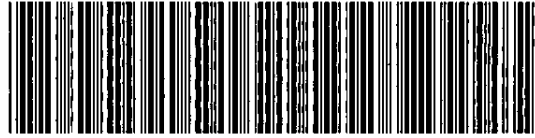
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: National left track Service Inc.
Name of Corporation

DOCUMENT NUMBER: 477508

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:

Robert Siano
Name of Contact Person

National left track Service Inc.
Firm/Company

1901 NW 2nd St
Address

Fort Lauderdale FL 33311
City/State and Zip Code

RSIANO1521@AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Siano at (954) 462-6500
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2009

ROBERT SIANO
1901 NW 2 ST
FT LAUDERDALE, FL 33311

SUBJECT: NATIONAL LIFT TRUCK SERVICE, INC.
Ref. Number: 477508

We have received your document for NATIONAL LIFT TRUCK SERVICE, 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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 409A00031828

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TALLAHASSEE, FLORIDA

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: National Light Truck Service, Inc.
2. The principal office address: 1901 NW 2nd St
Fort Lauderdale FL 33311
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3-26-1991 Document number: 477508

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)
Jerry Siano resigned in 1991
1901 NW 2nd St
Fort Lauderdale FL 33311

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Robert Siano
National Light Truck Service
1901 NW 2nd St
P.O. Box NOT acceptable
Fort Lauderdale FL 33311

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.

Robert Siano Signature of an officer or director ROBERT SIANO Pres 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.

Robert Siano Signature of Registered Agent 9-22-2009 Date

If signing on behalf of an entity:
ROBERT SIANO 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 32311
CR2E045 (8/05)

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