## F110000000846

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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SECRETARY OF SAIL

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	ECT:	ROYALTY VAN LINES, INC.
		Name of Corporation
DOC	UMENT NUMBER:	F11000000846
The er	nclosed <i>Affidavit by Foreign Co</i> tted for filing.	orporation to Change/Add Officer(s) and/or Director(s) and fee are
Please	return all correspondence conc	erning this matter to the following:
	LAURA BRAND	ρŤ
	Name of Contact Pers	on
	ROYALTY VAN LINE	S. INC
	Firm/Company	The state of the s
	2000 N STATE BO	AD 7
	2000 N STATE RO Address	AU /
	MARGATE, FL 33	
	City/State and Zip C	ode
	ANNA@MOVING	COST COM
E	-mail address: (to be used for future	
		·
F <mark>or fu</mark>	rther information concerning th	is matter, please call:
	LAUDA DDANDT	054
	Name of Contact Person	at ( <u>954</u> ) <u>958-2236</u> Area Code & Daytime Telephone Number
Enclos	sed is a check made payable to	the Florida Department of State for the following amount:
v	\$35.00 Filing Fee \$43.75 Filing Certificate	\$43.75 Filing Fee & Status  Status  \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee, Certified Copy (Additional copy is enclosed)
	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

TO:



2011 MAY 19 PM 3: 13 7

SECRETARY OF STATE E
PLORIDA DEPARTMENT OF STATE AHASSEE, FLORIDA

DIVISION OF CORPORATION DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) **AND/OR DIRECTOR(S)**

(Note: Applicable only during the fir	st calendar year of qualification)	
	The name of the foreign corporation as it appears on the records of the Florida Department of State is:  ROYALTY VAN LINES, INC.	
	lorida on <u>02/22/2011</u> and its Florida documer	
4. The name and address of each officer and/or direct	or is as follows:	
<u>Title:</u>	Name and Address	
P, VP	ROSS MOYERS	
	235 PEACHTREE ST., STE 400	
	ATLANTA, GA 30303	
	•	
<del></del>		
(Attach additional page	es if necessary)	
75	PRESIDENT/VP	
pature of an officer or director	Title of person signing	
ROSS MOYERS	FILING FEE \$35	
ed or printed name of person signing		

Make checks payable to Florida Department of State and Mail to: Division of Corporations•PO Box 6327•Tallahassee, FL 32314

CR2E127 (8/08)