

11/19/2018

F1600004867  
Division of Corporations  
Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6380  
From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA00000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

TALLAHASSEE, FLORIDA

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
AMERIFLEET TRANSPORTATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Handwritten signature/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 Nevada in order to change its registered office or registered agent, or both, in the State of Florida

- 1. The name of the corporation: AMERIFLEET TRANSPORTATION, INC.
2. The principal office address: 1111 ALDERMAN DRIVE, SUITE 350, ALPHARETTA, GA 30005
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/28/2016 Document number: F16000004867

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)

BENJAMIN, DION
4303 NE 1ST TERRACE, UNIT 1
OAKLAND PARK, FL 33334-3157

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

NRAI Services, Inc.
1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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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 an officer or director: John Norris, President

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.

By: C T Corporation System Signature of Registered Agent Date: 11/19/2018

If signing on behalf of an entity:

C T Corporation System
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
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