

794000001429

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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REGISTERED AGENT CHANGE

ABCO TRANSPORTATION, INC.

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

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PRM
12/19/08

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: ABCO TRANSPORTATION, INC.
2. The principal office address: 20537 US Hwy 301, Northdada City, FL 33523 US
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/22/1994 Document number: F94000001429
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)

NORMA ABERNATHY

6226 PENNA STREET

BROOKSVILLE FL 34609

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

C T Corporation System

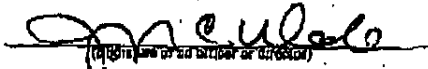
c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

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 officer or director)

Jeffrey C. Wade, Assistant Secretary

(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.

C T Corporation System

By: 
(Signature of Registered Agent)

12/15/08

(Date)

If signing on behalf of an entity:

Carol Record, Asst. Secretary

(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

CR2E045 (8/05)

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