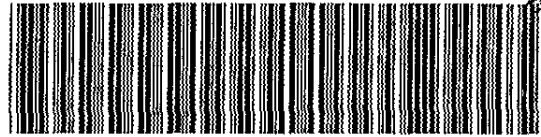


J22199

FILED
SECRETARY OF STATE
DIVISION OF CERTIFICATIONS
02 NOV 25 PM 3:39



100009116681

11/25/02--01016--001 **455.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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V SHEPARD DEC 4 2002

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Registered Agent Name & Address Change
(Name of corporation)

DOCUMENT NUMBER: J22199

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:

Donna Bateman
(Name of person)

Centurion Auto Transport, Inc.
(Name of firm/company)

5912 New Kings Road
(Address)

Jacksonville, FL 32209
(City/state and zip code)

For further information concerning this matter, please call:

Donna Bateman at (904) 766-8572
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Centurion Auto Transport, Inc.

2. The principal office address: 5912 New Kings Road
Jacksonville, FL 32209, US

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/01/86 Document number: J22199

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rax Co., % Barbara C. Johnston

50 North Laura Stree, Ste. 3300

Jacksonville, FL 32202

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

James A. Nolan, P.A.

1 Independent Drive, Suite 2000

(P.O. Box or personal mailbox NOT acceptable)

Jacksonville, FL 32202

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.

Harold A. Shafer
(Signature of an officer, chairman or vice chairman of the board)

Harold A. Shafer, DP

(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.

James A. Nolan
(Signature of Registered Agent)

11/14/02
(Date)

If signing on behalf of an entity:

JAMES A. NOLAN
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED STATE
SECRETARY OF CORPORATION
02 NOV 25 PM 3:39
DIVISION OF CORPORATIONS