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| Certified Copies | _ Certificates | s of Status |
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SECRETARY OF STATE
ALLANASSEF FLORIDA

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COVER LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Tim's Hauling & Tractor Service, Inc | |
|--|--|
| (Name of Corporation) | <u>. </u> |
| DOCUMENT NUMBER: P01000026005 | |
| The enclosed Statement of Change of Registered Office/Agent and | fee are submitted for filing. |
| Please return all correspondence concerning this matter to the follo | owing: |
| • | |
| Richard Davison | |
| (Name of Contact Person |) |
| | • |
| Williams Wilson & Sexton, P.A. | |
| (Firm/Company) | |
| 215 S. Monroe Street, Ste. 600 | |
| (Address) | |
| Tallahassee, Florida 32301 | |
| (City/State and Zip Code |)) |
| For further information concerning this matter, please call: | |
| Richard Davison at (850 | 224-3999 a Code & Daytime Telephone Number) |
| (Name of Contact Person) (Area | a Code & Daytime Telephone Number) |
| Enclosed is a \$35.00 check made payable to the Department of Sta | te. |
| Amendment Section A | Amendment Section |
| • | Division of Corporations Clifton Building |
| Tallahassee, FL 32314 2 | 2661 Executive Center Circle Callahassee, FL 32301 |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida. |
|--|--|
| | the corporation: Tim's Hauling & Tractor Service, Inc. |
| | |
| 2. The principal | office address: 8440 Florida Georgia Highway, Havana, Florida 32333 |
| 3. The mailing a | address (if different): SAME |
| 4. Date of incor | poration/qualification: 03/13/2001 Document number: P01000026005 |
| | d street address of the current registered agent and registered office on file with the rtment of State: |
| | Richard W. Moore |
| | 502 E. Park Avenue |
| | Tallahassee, Florida 32301 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office 2 2 |
| | Williams Wilson & Sexton, P.A. |
| | 215 S. Monroe, Ste. 600 |
| | (P.O. Box NOT acceptable) |
| | Tallahassee, Florida 32301 |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change w authorized by t | as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change. |
| (Signat | Tim Loughmiller President (Printed or typed name and title) |
| I hereby accept I further agree of my duties, an document is be corporation ha | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. The province of Registered Agent) (Date) |
| If pigmins are to | |
| | chalf of an entity: |
| William | Typed or Printed Name) |

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