## P04000130241

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(De	ocument Number)	)
Certified Copies	Certificate	s of Status
	<b></b>	
Special Instructions to	Filing Officer:	





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05/31/06--01007--012 \*\*35.00

FILED

06 MAY 31 PM 3: 13

SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: L+ M FLUGHT INC (Name of Corporation)
DOCUMENT NUMBER: POYOG 30241
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:
(Name of Contact Person)
(Name of Contact Person)
FREIGHT IN C (Firm/Company)
(Firm/Company)
310 Ne 15+ Ale
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Micibal town  at (959) 922-7050  (Name of Contact Person)  (Area Code & Daytime Telephone Number)
(Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: L+ M FReight Inc.
2. The principal office address: 310 N.E. 1st Averve  1tal/andale & 33009
3. The mailing address (if different):
4. Date of incorporation/qualification: 9 15 2004 Document number: P04000 130241
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MICHAEL P. TOLNAM  310 Ne 152 Avenue  HANGE AND
(if changed):  Jeffrey Olky, toky - TREASURE 5  3321 N. 17115 Drive  (P.O. Box NOT acceptable)  12011 propod Fr 33021
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.
Michael Town Residust (Signature of an officer or director)  MICHAEL TOWN Residust (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.
5/25/06
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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