V04095

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

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

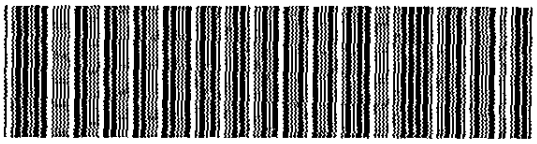
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300009116583

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

QA Chg.

V SHEPARD DEC 4 2002

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

Cover Page for Multiple Corporations

Automobile Transport Clearinghouse of Florida, Inc.	**V04095**
HAS Properties, LLC	**L01000002026**
Vehicle Transport, Inc.	**P94000090050**
Centurion Auto Transport, Inc.	**J22199**
Centurion-Eagle Auto Transport, Inc.	**S56979**
Phoenix Aircraft Sales & Rental, Inc.	**P94000079953**
ATC of North Florida, Inc.	**P99000109195**
HAV Properties, L.C.	**L98000000860**
Kaizen Auto Transport, Inc.	**P98000107126**
Southern Comfort Endeavors, Inc.	**P98000065277**
Tropical Auto Transport, Inc.	**P99000096062**
Nationwide Auto Transport, Inc.	**P93000029694**
Kaizen Logistics, Inc.	**P98000065771**
Centurion Leasing Co.	**G20981**

13 UBR Registered Agent Amendments @ $35.00 each = $455.00

Check Made Payable to Florida Department of State, Enclosed.

November 11, 2002

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: V04095

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)

Automobile Transport Clearinghouse of Florida, 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 (Name of person) at (904) 766-8572 (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

CR2E045(07/02)

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: Automobile Transport Clearinghouse of Florida, 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: 01/02/1992 Document number: V04095

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

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

Rax Co., % James A. Nolan III
50 North Laura Street, 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.

Vicki Shafer
(Signature of an officer, chairman or vice chairman of the board)

Vicki Shafer, PS
(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.

(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