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

From:

Account Name : CORPORATION SERVICE COMPANY Account Number : I20000000195
Phone : (850)521-1000
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## REGISTERED AGENT CHANGE GENE HYDE TRUCKING CO., INC.

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	hc corporation: GENE HYDE TRUCKING CO., INC.
2. The principal	office address:
	ddress (if different):
4. Date of incorp	oration/qualification: 12/04/1980 Document number: F07773
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:
	C T Corporation System
	1200 South Pine Island Road
	1200 South Pine Island Road  Plantation, FL 33324
(if changed):	street address of the new registered agent (if changed) and /or registered office  Corporation Service Company
	1201 Hays Street. (P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street addres	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
<i>V</i> .	Blanca Lozada, Attorney in Fact (Printed or typed name and title)
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete performance I I am familiar with and accept the obligation of my position as registered agent. Or, if this is gilled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.  In Service Company
By: Dro	ature of Registered Agent)  (Date)
If signing on beh	nalf of an entity:
Grace E. Kirby	·
Üγ	rped 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)