I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

PRESIDENT

above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY E KENNA

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: ORFLEX CARRIERS INC.

DOCUMENT# P15000035977

7747 MONTROSE DR NEW PORT RICHEY, FL 34653

Current Mailing Address:

7747 MONTROSE DR NEW PORT RICHEY. FL 34653 US

FEI Number: 47-3794349

Name and Address of Current Registered Agent:

KENNA, KIMBERLY E 7747 MONTROSE DR NEW PORT RICHEY, FL 34653 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	VP
Name	KENNA, KIMBERLY E	Name	KENNA, JAMES C
Address	7747 MONTROSE DR	Address	7747 MONTROSE DR
City-State-Zip:	NEW PORT RICHEY FL 34653	City-State-Zip:	NEW PORT RICHEY FL 34653

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2016 Secretary of State CC4393169566

Date

Certificate of Status Desired: Yes

04/18/2016

Date