#### 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 above, or on an attachment with all other like empowered. 03/24/2018 PRESIDENT

## SIGNATURE: KATHERINE PIERCE

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F0500001204

Entity Name: NEW DIRECTION TRANSPORT, INC.

## **Current Principal Place of Business:**

3400 MCINTOSH RD # F-26 PORT EVERGLADES, FL 33316

# **Current Mailing Address:**

PO BOX 350444 FORT LAUDERDALE, FL 33335

# FEI Number: 20-2160787

# Name and Address of Current Registered Agent:

PIERCE, KATHERINE 16141 EAST SHIRLEY SHORES ROAD TAVARES, FL 32778 US

Certificate of Status Desired: Yes

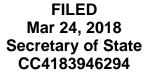
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE:

Electronic Signature of Registered Agent

## Officer/Director Detail :

	Title	VP/S	Title	PD
	Name	GRIFFIN, BRIAN	Name	PIERCE, KATHERINE
	Address	16141 EAST SHIRLEY SHORES ROAD	Address	16141 EAST SHIRLEY SHORES ROAD
	City-State-Zip:	TAVARES FL 32778	City-State-Zip:	TAVARES FL 32778



Date

Date