

173093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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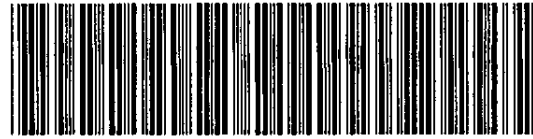
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TERMINAL SERVICE COMPANY

Name of Corporation

**DOCUMENT NUMBER:** 173093

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:

Thomas F. Panebianco

Name of Contact Person

Attorney at Law

Firm/Company

975 Appleyard Dr

Address

Tallahassee, FL 32304

City/State and Zip Code

alord@mckenzieitank.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas F. Panebianco

Name of Contact Person

at ( 850 ) 350-2249

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TERMINAL SERVICE COMPANY
2. The principal office address: 2778 West Tharpe St  
Tallahassee, FL 32303
3. The mailing address (if different): P. O. Box 1200  
Tallahassee, FL 32302
4. Date of incorporation/qualification: 04/07/1953 Document number: 173093
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert G. Landrum, Jr.  
975 Appleyard Dr  
Tallahassee, FL 32304

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James C. Shaeffer  
975 Appleyard Dr  
P.O. Box NOT acceptable  
Tallahassee, FL 3304

13 AUG -5 5:11 9:30  
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CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

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.

  
Signature of an officer or director

Dana Dudley, Secretary-Treasurer  
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

7/24/13  
Date

If signing on behalf of an entity:  
  
\_\_\_\_\_  
Typed or Printed Name

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