

4/28/2016 3:04:50 PM From: (850)617-6380 (1/4)

4109673

Division of Corporations

Florida Department of State
Division of Corporations
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Account Number : FCA000000023
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RE-SUBMIT

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RA/RO/CH8

REGISTERED AGENT CHANGE
LOAD KING MANUFACTURING CO.

APR 29 2016

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ATTN: ALBRITTON
Irene
Albritton

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Corporate Filing Menu

Help

16 APR 28 PM 3:46
RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LOAD KING MANUFACTURING CO.
Name of Corporation

DOCUMENT NUMBER: 409673

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:

Tammy Tofteroo
Name of Contact Person

C T Corporation
Firm/Company

3 Winners Circle, Suite 301
Address

Albany, NY 12205
City/State and Zip Code

mbrown@rtlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammy Tofteroo at (844) 477-4098
Name of Contact Person 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

CR2E045 (03/12)



April 26, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LOAD KING MANUFACTURING CO.
P O BOX 40606
JACKSONVILLE, FL 32203US

SUBJECT: LOAD KING MANUFACTURING CO.
REF: 409673

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must have original signatures.

The officer and registered agent failed to sign the form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H16000101605
Letter Number: 416A00008533

RE-SUBMIT
Please retain original filing
date of submission 4/25

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: LOAD KING MANUFACTURING CO.

2. The principal office address: 1357 WEST BEAVER ST JACKSONVILLE, FL 32209

3. The mailing address (if different): P O BOX 40606 JACKSONVILLE, FL 32203

4. Date of incorporation/qualification: 09/28/1972 Document number: 409673

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)

CHUPP, CHARLES O.

1357 WEST BEAVER STREET

JACKSONVILLE, FL 32209

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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2016 APR 25 AM 10:34
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SECRETARY OF STATE

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.

Kimberly Steinmetz

Signature of an officer or director

Kimberly Steinmetz, Secretary

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.

C T Corporation System

By: *Jenifer Vincent* Jenifer Vincent

Signature of Registered Agent

4/22/2016

Date

If signing on behalf of an entity:

Typed 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 (03/12)