

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(850) 222-1092

Fax Number

: (850)222-9428

## REGISTERED AGENT CHANGE

## KENAN TRANSPORT COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

The electronic Filing Manua

Carporate Filings

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

Pursuant to the provisions of sections 607.0502, 617.0 this statement of change is submitted for a corporation o North Carolina in order to change its registered.	
of Florida.	agrice of together on against the transport
I. The name of the corporation: Kenan Transport Company	
2. The principal office address: 4895 Dressler Road, NW, C	anton, Ohio 44718
3. The mailing address (if different):	
4. Date of incorporation/qualification: February 19, 1980	Document number; 845281
5. The name and street address of the current registered a Florida Department of State:	<del></del>
United States Corporation	on Company
1201 Hays Str	ARET OV T
Tallabasece, Florida	TOTAL SEE
6. The name and street address of the new registered a changed):	gent (if changed) and /or registered office (if
C T Corporation 9	PIE 2
c/c C T Corporation	System
(F.O. Box or personal mailbox N	•
1290 South Pine Island Road, Plan The street address of its registered office and the street a agent, as changed will be identical.	
Such change was authorized by resolution duly adopted authorized by the board, of the corporation has been not	a
Signature of an officer, but man create entire to the sound) I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu performance of my duites, and I am familiar with and ac registered agent. Or, if this document is being filed mer office address, I hereby confirm that the corporation has	hiet finacion of the first of the poper and complete copy the obligation of my position as
registered agent. Or, if this document is being filed men office address, I hereby confirm that the corporation has T. Compresson Sylven By:	elŷ to reflect a change in the registered s been notified in writing of this change. October 70, 2004
(Signature of Salatared Appett)	(Date)
isolouing on behalf of an entiry.  Gil S. Apolli, April Southery	
(Typed or Printed Name)	(Capacity)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DEVISION OF CORPORATIONS, F.O. BOX 6327, TALLARASSEE, FL 32314

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