12/15/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004275503)))



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:-	To :	Division of Corporations Fax Number : (850)617-6380		
i. 	From:	Account Name Account Number Phone	: LEGALINC CORPORATE SERVICES INC.	
782P 1		mail address for	this business entity to be used for future Enter only one email address please.**	

Email Address:

REGISTERED AGENT CHANGE

ABC BUS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00



Corporate Filing Menu Electronic Filing Menu

Help

To: 18505176325 From: 12147128131 Date: 12/15/20 Time: 6:18 AM Page: 02/02

(((H20000427550 3))) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: <u>ABC Bus, Inc.</u>

3. The mailing address (if different): ____

4. Date of incorporation/qualification: <u>12/22/1981</u> Document number: <u>851368</u>

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)

NRAI SERVICES, INC

	1200 S. PINE ISLAND ROAD		
	PLANTATION, FL 33324	2020 DEC	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
(LEGALINC CORPORATE SERVICES INC.		بند مع د م کرومیو ^د
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	. .	

P.O. Box NOT acceptable

FORT MYERS, FL 33907

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.

DANE R CORNELL, CEO

12/15/2020

Printed or typed name and title

Date

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. Thereby confirm that the corporation has been notified in writing of this change.

ature of Registered Agent

If signing on behalf of an entity:

ANNA MANUKYAN

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 (04/13)