

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H170003278813)))



H170003278813ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:_____

REGISTERED AGENT CHANGE BOYD BROS. TRANSPORTATION INC.

Certificate of Status	U
Certified Copy	0
Page Count	0.3
Estimated Charge	\$35.00

2017 DEC 14 AM 9: 09

ALLIA ASSECT FLORIDA

RECHEMES

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

DEC 1 5 2017

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

statement of ch	ange is submitted for a corporat	ion organized under the laws of the State o	J DE	
	er to change its registered office the corporation: BoydBros Trans	or registered agent, or hoth, in the State of	f Florida.	
		7 30 CLAYTON, AL 36016		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 04/09/200	Document number: F01000	0002105	
	nd street address of the current reartment of State:(If resigned, enti-	gistered agent and registered office on file er resigned)	with the	
	CORPORATIONSERVICECOMPANY		V., _	
	1201HaysStreet		SECURITY SEE	;
	Tallahassee, FL 32301			1 -m
6. The name ar (if changed)	:	tered agent (if changed) and /or registered	officer, FLOR	
	CTCorporationSystem		- 22	- -
	1200SouthPineIslandRoad		_	•
	P.o. Plantation,Florida33324	O Box NOT acceptable		
		he street address of the business office of		gent,
Such change v authorized by	vas authorized by resolution duly the board/or the corporation has	y adopted by its board of directors or by a s been notified in writing of the change.	n officer so	
Similar	of an officer or director	JenniferKurz, Secretary Printed or typed name and	title	_
I hereby adely I further agree performance of agent. Or, if t	of the appointment us registered to comply with the provisions of If my duties, and I am familiar w his document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and co with and accept the obligation of my positi- ly to reflect a change in the registered off notified in writing of this change.	omplete on as registered	i
By: 1 NO	orporation System	12/14/2017		
· \ ////	ignature of Registered Agent	Date		-
If signing on b	chalf of an entity:			
MicheleHolde	n,AsstSect			
	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, FL32314 CR2E045 (03/12)