

FD2000004030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

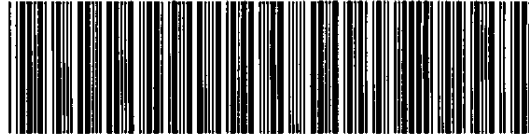
(Business Entity Name)

(Document Number)

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16 JUN 27 AM 9:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUN 30 2016  
C McNAIR

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** J & E TRUCKING SERVICES, INC  
Name of Corporation

**DOCUMENT NUMBER:** F02000004030

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:

EMILY OLIVER

Name of Contact Person

J & E TRUCKING SERVICES, INC

Firm/Company

P.O. BOX 9

Address

HOHENWALD TN 38462

City/State and Zip Code

eoliver@olivertechnologies.com

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

For further information concerning this matter, please call:

EMILY OLIVER

Name of Contact Person

at ( 931 ) 796-4555

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

SECRET  
DIVISION OF CORPORATIONS  
16 JUN 27 PM 9:30

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

1. The name of the corporation: J & E TRUCKING SERVICES, INC
2. The principal office address: 525 NW RAILROAD STREET  
LAKE CITY FL 32055
3. The mailing address (if different): P.O. BOX 9  
HOHENWALD TN 38462
4. Date of incorporation/qualification: 10/19/1995 Document number: F02000004030
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)

RESIGNED

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

RANDY BERNARD

525 NW RAILROAD ST

P.O. Box NOT acceptable

LAKE CITY FL 32055

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

EMILY OLIVER

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

6/20/2016

Date

If signing on behalf of an entity:

RANDY BERNARD

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  
CR2B045 (03/12)

16 JUN 27 PM 9:30  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE