

F0300000232

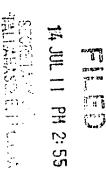
(Req	(Requestor's Name)				
(Address)					
(Address)					
•	,				
(Cit.)	101-1-170-170-170-1-170-1-170-1-170-170-	-10			
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
•					
Cautella Carta	0-45-4	-101-1-			
Certified Copies	Certificates	or Status			
Special Instructions to F	iling Officer:				
;					

Office Use Only



300261747603

07/11/14--01018--004 **35.00



JUL 25 2014 C. CARROTHERS



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Chelsey Martine cmartin0@cscinfo.com

Date: July 8, 2014

Order#: 196942-072

Re: RUSH TRUCK CENTERS OF FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Chelsey Martine c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

stater nt c, cho	ange is submitted for a co	rporation organi	, 607.1508, or 617.1508, Flo zed under the laws of the Stai	te of DELAWARE		
			red agent, or both, in the Stat	e of Florida.		
1. The name of	the corporation: RUSH T	RUCK CENTERS	S OF FLORIDA, INC.			
2. The principal	office address: 555 IH 35	5 SOUTH, STE 5	00 NEW BRAUNFELS, TX 7	⁷ 8130		
						
3. The mailing a	address (if different): PO	BOX 34630 SAN	ANTONIO, TX 78265			
4. Date of incor	poration/qualification: 01	1/16/2003	Document number: F03	3000000232		
	d street address of the cur rtment of State: (If resign		ent and registered office on f	ile with the		
	CAPITOL CORPORAT	E SERVICES, IN	C.			
	155 OFFICE PLAZA DE	R. SUITE A				
	TALLAHASSEE, FL 32	301				
6. The name and (if changed):	d street address of the nev		(if changed) and /or register	ed office 2:		
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee		FL 32301			
The street addras changed will	ess of its registered office be identical.	e and the street a	ddress of the business office	of its registered agent,		
Such change wauthorized by the	as authorized by resolution he board, or the corporation	on duly adopted lion has been noti	by its board of directors or be fied in writing of the change	y an officer so		
	Dona Priebe, Vice President					
Signati	an officer or director	 	Printed or typed name			
performance of agent. Or, if the hereby confirm	the appointment as reginate to comply with the proving the comply with the proving file that the corporation has son Service Company	uliar with and ac d merely to refle s been notified in	agree to act in this capacity tes relative to the proper and cept the obligation of my post a change in the registered writing of this change.). I complete sition as registered I office address, I		
By: Arm	nature of Registered Agent		July 09, 2014			
	chalf of an entity:					
Sylvia Queppe	t, Assistant Vice Presider	nt				
	vned or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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