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APR 2 0 2009

EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : 12000000195

REFERENCE: 961969 7425546

AUTHORIZATION :

COST LIMIT

ORDER DATE: April 16, 2009

ORDER TIME : 9:30 AM

ORDER NO. : 961969-011

CUSTOMER NO: 7425546

CHANGE OF AGENT

NAME: AMERICAN COACH LINES OF MIAMI,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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

statement of change is su	bmitted for a corporation organi	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of $\frac{Delaware}{}$ ared agent, or both, in the State of Florida.	
		CH LINES OF MIAMI, INC.	
2. The principal office ad	dress: 3595 NW 110 Stre	et, Miami, FL 33167	
3. The mailing address (if	f different):		
4. Date of incorporation/o	qualification: 09/03/2003	Document number: F0300004415	
5. The name and street ad Florida Department of		gent and registered office on file with the	
CT Co	orporation System		
1200 S. Pine Island Road			
Planta	ntion, FL 33324		VISIO SECR
6. The name and street ad (if changed):	dress of the new registered agen	t (if changed) and /or registered office	OS APR 20 AM 11: 32
Corpo	ration Service Company	,	CORPORATION
1201	Hays Street		RATH H: 3
TC - 11 - 1	(P.O. Box NOT acceptable)		~ 0.4.0
	assee, FL 32301		
The street address of its as changed will be identified	registered office and the street a ical.	address of the business office of its registered	l agent,
Such change was author authorized by the board,	ized by resolution duly adopted or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
Mayaan (Signature of an offi	cer or director)	Maureen Cullen, Attorney in fact (Printed or typed name and litle)	
I hereby accept the appo I further agree to comply of my duties, and I am fa document is being filed r corporation has been no	intment as registered agent and with the provisions of all state miliar with and accept the oblinerely to reflect a change in the tifted in writing of this change.	d agree to act in this capacity. ttes relative to the proper and complete perfo gation of my position as registered agent. O e registered office address, I hereby confirm	ormance r, if this that the
Corporation Ser	egistered Agent)	4/16/09 (Date)	
If signing on behalf of a			
Michelle R. Vanno	<u> </u>		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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