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(((H110001026853)))



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To:

Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name : PARANET CORPORATION SERVICES, INC.

Account Number : I20090000069 Phone : (800)277-9977

Fax Number : (800)815-0477

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

Email Address:

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REGISTERED AGENT CHANGE SPEEDCO, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	(H1100	0102685
SUBJECT:	Speedco, Inc.	
	Speedco, Inc. Name of Corporation	
DOCUMENT NUMBER:	F04000003484	
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence of	oncerning this matter to the following:	
	Eileen Chaddock	
	Name of Contact Person	
	Paranet Corporation Services, Inc.	
	Firm/Company	
36	675 Crestwood Parkway, Suite 350 Address	
	Duluth, GA 30096 City/State and Zip Code	
E-mail address	eileen@paranetlegal.com s: (to be used for future annual report notification)	
For further information concerning	this matter, please call:	
Eileen Chaddo	ock et 800 \ 277-9977	
Name of Contact Pe	ock at (800) 277-9977 Area Code & Daytime Telephone Numb	ier
Enclosed is a \$35.00 check made pa	ayable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

(H11000102685 3)

(H11000102685 3)

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

Pursuant to the provisions of sections of statement of change is submitted for a care in order to change its register.	corporation organiz	ed under the laws of the Sta	te of Indlana	
1. The name of the corporation: Spec	0		•	
2. The principal office address: 703 V	/est Park Street	, Cayuga IN 47928		
3. The mailing address (if different):				
4. Date of incorporation/qualification:	6/14/04	Document number:	F04000 <u>0</u> 034	84
5. The name and street address of the conflorida Department of State: (If resignation of State)			file with the	
Corporation Servi	ce Company			
1201 Hays Street				
Tallahassee FL 3				DIVIE 11
6. The name and street address of the ne (if changed):	w registered agent	(if changed) and /or register	ed office	APR 18
NRAI Services,	lnc.			ORPC
515 East Park	Avenue P.O. Box NOTa			CORPORATION
Tallahassee, FL 3			·	36
The street address of its registered offi as changed will be identical.	ce and the street ac	dress of the business office	e of its registered ag	ent,
Such change was authorized by resolu authorized by the board, or the corpora				
Signature of an active li	- A.	ery Cantrell As	sistent So	cretary
I hereby accept the appointment as res I further agree to comply with the pro- of my duties, and I am familiar with an accument is being filed merely to refle corporation has been notified in writin NRAI Services, Inc.	distered agent and obstaints of all statute of all statute of accept the obligation at the ingenier of this change.	agree to act in this capacites relative to the proper an ation of my position as reg registered office address, T	y d complete perform istered agent. Or, if hereby confirm that	ance this the
by Eloan Challon		4-18-20 Date	(]	 -
If signing on behalf of an entity:		2.10		
Eileen Chaddock Typed or Printed Name			(H1100010	2685 3)

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