

F040000005568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100138101961

11/24/08--01013--010 **35.00

Lo chg

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 24 AM 10:50

T. Roberts DEC 0.1/2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: B-LAK LOGISTIC SERVICES INC
(Name of Corporation)

DOCUMENT NUMBER: F04000005568

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:

DON KENNON

(Name of Contact Person)

B-LAK LOGISTIC SERVICES INC

(Firm/Company)

PO BOX 550

(Address)

WINTER HAVEN FL 33882-0550

(City/State and Zip Code)

For further information concerning this matter, please call:

DON KENNON

(Name of Contact Person)

at (863) 326-5566

(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

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

1. The name of the corporation: B-LAK LOGISTIC SERVICES, INC.
2. The principal office address: 200 WEST HUNTINGTON AVE
JONESBORO AR 72401
3. The mailing address (if different): PO BOX 1139
JONESBORO AR 72403
4. Date of incorporation/qualification: 9/28/04 Document number: F04000005568
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)

DON KENNON
5250 DUNDEE RD
WINTER HAVEN FL 33884

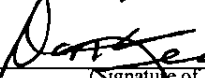
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DON KENNON
387 EAST CENTRAL AVE
(P.O. Box NOT acceptable)
WINTER HAVEN FL 33880

SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 24 AM 10:50

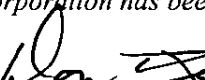
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

DON KENNON, PRESIDENT AND CEO
(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)

11/19/08
(Date)

If signing on behalf of an entity:

DON KENNON
(Typed or Printed Name)

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