(Requestor's Name)					
(Add	ress)				
`	,				
(Address)					
(City)	/State/Zip/Phone	//			
(Oity)	State/Zip/Fitche	")			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Name	≘)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
J. HORNE					
JUN 2 1 2024					
 -					

Office Use Only



500430638465

2024 JUI CO 111 10: 36

RECEIVED
2024 JUN 10 PH 12: 19



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: 06	6/18/2024	
Name:	Patrice Rush	<u>. </u>
Reference #:	2401870	
Entity Name:	MAPC	O EXPRESS, INC
Articles	of Incorporation/Authoriza	ion to Transact Business
☐ Amendm	nent	
✓ Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
☐ Dissoluti	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount:\$35.00	
Signature:	(Pattle	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	06/18/2024	
Name:	Patrice Rush	
Reference #	2401870	
		APCO EXPRESS, INC
		orization to Transact Business
Ame	ndment	
✓ Chan	ige of Agent	
☐ Reins	statement	
☐ Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
Othe	Γ	
Authorized A	Amount: \$35	00
Signature:	Past M-	

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

 The name of the corporation 	۱۰.	MAPCO EXPRESS, INC			
2. The principal office address	he name of the corporation: MAPCO EXPRESS, INC he principal office address: 801 CRESCENT CENTRE DR SUITE 300 FRANKLIN, TN 3706				
3. The mailing address (if diffe	erent):				
4. Date of incorporation/qualit	ication: 8/7/2006	ion: 8/7/2006 Document number: F06000005200			
5. The name and street address Florida Department of State	s of the current registered age : (If resigned, enter resigned)		tile with the		
	UNITED CORPORATE S	SERVICES, INC.			
	3458 LAKESHOR	E DRIVE			
	TALLAHASSEE,	FL 32312			
6. The name and street address (if changed):	of the new registered agent ((if changed) and /or registe	ered office		
	Cogency Glob	al Inc.	101		
	115 North Calhoun S	treet, Suite 4			
		OT acceptable	20		
	Tallahassee, Flori				
The street address of its regist as changed will be identical.	ered office and the street ad	dress of the business offic	ce of its registered agent.		
Such change was authorized bauthorized by the board, or the	oy resolution duly adopted be corporation has been notif	vits board of directors or ied in writing of the chan	by an officer so ge.		
/s/ Scott Mod		Scott Moon,	Secretary		
Signature of an officer or di		Printed or typed nar			
I hereby accept the appointme I further agree to comply with of my duties, and I am familia tocument is being filed merely corporation has been notified	nt as registered agent and a the provisions of all statute r with and accept the obliga v to reflect a change in the r in writing of this change.	igree to act in this capaci is relative to the proper a tion of my position as reg egistered office address.	tv. od complete performanc gistered agent. Or, if thi, I hereby confirm that the		
/s/ Timothy Mayville Assis	stant Secretary	6/20/2	024		
<u>.:</u> ,:					

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