

F090000002319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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@ 8/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HAZEN TRANSPORT, INC.
Name of Corporation

DOCUMENT NUMBER: F09000002369

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:

THOMAS WELLAND
Name of Contact Person

HAZEN TRANSPORT, INC.
Firm/Company

27050 WICK ROAD
Address

TAYLOR, MI 48180
City/State and Zip Code

tomw@hazentransport.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Welland at (313) 292 4061 x103
Name of Contact Person 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 MICHIGAN
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HAZEN TRANSPORT, INC.
2. The principal office address: 27050 WICK ROAD, TAYLOR, MI 48180
3. The mailing address (if different): _____
4. Date of incorporation/qualification: JUNE 10, 2009 Document number: F09000002369
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)

MARCOS SANCHEZ

10301 NW 108TH AVE. S. #2

MEDLEY, FL 33178

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

MARCOS SANCHEZ

3330-3350 EXECUTIVE WAY

P.O. Box NOT acceptable

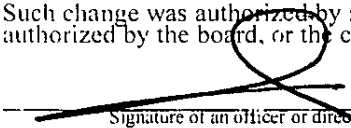
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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.

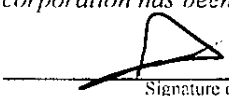


Signature of an officer or director

THOMAS WELLAND, TREASURER

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

8/10/09

Date

If signing on behalf of an entity:

MARCOS SANCHEZ

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E(045 (8/05)

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