

F10000000741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

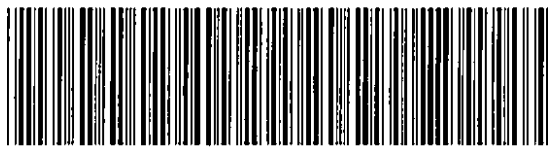
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OCT 14 2023

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRUCKERS BENEFIT ASSOCIATION  
Name of Corporation

**DOCUMENT NUMBER:** F10000000741

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:

CRAIG A. POSSON

Name of Contact Person

TRUCKERS BENEFIT ASSOCIATION

Firm/Company

1100 WEST 29TH STREET

Address

SOUTH SIOUX CITY NE 68776

City/State and Zip Code

c.posson@gwccnet.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa K. Frigge

Name of Contact Person

at (402)

494-7803

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of the corporation: TRUCKERS BENEFIT ASSOCIATION
2. The principal office address: 1100 WEST 29TH STREET, SOUTH SIOUX CITY NE 68776
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/11/2010 Document number: F100000007411
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)

DANIEL R. AIDIF

501 E. SOUTH STREET, SUITE A

ORLANDO FL 32801

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

CORPORATION SERVICE COMPANY

1201 HAYS STREET

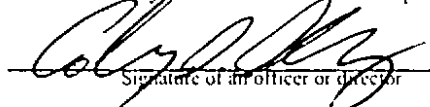
P.O. Box NOT acceptable

TALLAHASSEE FL 32301

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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

CODY D. DELPERDANG, SECRETARY

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

9-11-23

Date

If signing on behalf of an entity:

Jennifer M. Weeks for Corporation Service Company

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

CR2E045 (04/13)