Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 8/19

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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

Email Address: _____

REGISTERED AGENT CHANGE
FLEET MANAGEMENT SOLUTIONS INTL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03 04
Estimated Charge	$35.00

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fleet Management Solutions, Inc.
Name of Corporation

DOCUMENT NUMBER: F10000001356

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:

Name of Contact Person

CT Corporation System
Firm/Company

1015 15th Street, NW, Ste. 1000
Address

Washington DC 20005
City/State and Zip Code

mark.cleaver@danaher.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Brinkman at (202) 572.3160
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

CR2E045 (03/12)

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

1. The name of the corporation: Fleet Management Solutions, Inc.

2. The principal office address:
7391 LINCOLN WAY, Garden Grove, CA 92841

3. The mailing address (if different):

4. Date of incorporation/qualification: 03/17/2010 Document number: F10000001356

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)

NRAI Services, INc.

1200 South Pine Island Rd

Plantation, FL 33324

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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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

Frank T. McFaden, Vice President and 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.

By: C T Corporation System
Mark Brinkman
Vice President and Assistant Secretary
Signature of Registered Agent

8/19/13
Date

If signing on behalf of an entity:

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 (03/12)

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

1. Main St Auto Transport
Fictitious Name to be Registered (see instructions if name includes "Corp." or "Inc.")

310 SE 2nd Ave Ste A-1
Mailing Address of Business

Deerfield Beach FL 33441
City State Zip Code

2. Florida County of principal place of business: Broward
(see instructions if more than one county)

FEI Number:

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13 AUG 16 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G13000078476
08/07/13--01012--005 **50.00

This space for office use only.

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1.
Last First M.I.
Address
City State Zip Code

2.
Last First M.I.
Address
City State Zip Code

B. Owner(s) of Fictitious Name if other than an individual: (Use attachment if necessary):

1. Transcend Management Corp
Entity Name
310 SE 2nd Ave Ste A-1
Address
Deerfield Beach FL 33441
City State Zip Code
Florida Document Number P13000067597
FEI Number:
☒ Applied for ☐ Not Applicable

2.
Entity Name
Address
City State Zip Code
Florida Document Number
FEI Number:
☐ Applied for ☐ Not Applicable

AUG 16 2013
K. SCOTT

I(the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance w Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Owner 8/1/13 Date

drsls×20@gmail.com
E-mail address: (to be used for future renewal notification)

Phone Number: 609 214 9876

FOR CANCELLATION COMPLETE SECTION 4 ONLY.
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4.

4. I (we) the undersigned, hereby cancel the fictitious name Main St Auto Transpo
which was registered on 7/10/13 and was assigned
registration number G13000071748

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes. ☐ Certificate of Status — $10 ☐ Certified Copy — $30