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ACCI	ount Name :	C T CORPORATION	SYSTEM	٠.	5	د ·
Acci	ount Number :	FCA000000023			152	*** *****
Pho	ne :	(614)280-3338		-	CD	
Fax	Number :	(954)208-0845			· · · ·	
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*Enter the email address for this business entity to be used for future			ure	• •	•••	
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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 NJ _______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PROFESSIONALTRANSPORTATIONWRITERS, INC. (Nameindomicile: Protrans, Inc.)

2. The principal office address: <u>ONEINTERNATIONALBOULEVARD</u> MAIIWAH,NJ07495

3. The mailing address (if different):

- 4. Date of incorporation/gualification: 05/03/2010 Document number: F10000002086
- 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)

HATCH, JOHNDESQ

1267BERKSHIRELANESTE200, TARPONSPRINGS, FL34688

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

CTCorporationSystem
C/oCTCorporationSystem,1200SouthPineIslandRoad
P.O. Box NOT acceptable
Plantation,Florida33324

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.

nise Bell gnaturentapoliter or director

DeniseBell, VicePresident
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: (TC or portion System	12/27/2016	
Signature of Registered Agent	Date	
If signing on bchalf of an entity:		
James M. Halnin		

Assistant Secretary 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, FL32314 (03/12)

CR2E045 (03/12)