F12000004274

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phon	e #N
(Cit	y/State/Zip/Pfion	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 400656 8366914			
AUTHORIZATION: Lipsel Reman			
COST LIMIT : \$ 35.00			
ORDER DATE : January 17, 2022			
ORDER TIME : 2:09 PM			
ORDER NO. : 400656-006			
CUSTOMER NO: 8366914			
CHANGE OF AGENT			
NAME: JACK HOOD TRANSPORTATION, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY			
XX PLAIN STAMPED COPY			
CONTACT PERSON: Eyliena Baker			
EXAMINER'S INITIALS:			

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

statement of cha	nge is submitted for a corporation organ	02, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of Nerel agent, or both, in the State of Florida.	
1. The name of t	he corporation: JACK HOOD TRANSPO	DRTATION, INC.	
2. The principal	office address:		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 10/17/2012	Document number: F12000004274	
5. The name and		gent and registered office on file with the	
	INCORP SERVICES, INC.		
	INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470		
	LOXAHATCHEE, FL 33470		
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	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent.	
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.			
/ Lee	. E. Wene	Jill Cilmi, Vice President	
I hereby accept I further agree t of my duties, an document is bein corporation has	' been notifiea in writing of this change.	utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the	
By: Loc	n Service Company	01/18/2022	
	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
	* * * FILING FF	EE: \$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)