

F13000002094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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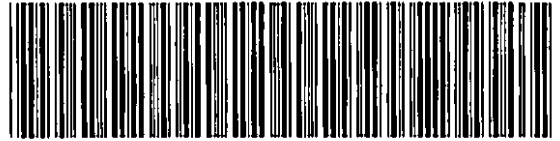
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

AUG 02 2018  
J. MICHAEL

COVER LETTER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 JUL 27 PM 4 53

TO: Amendment Section  
Division of Corporations

SUBJECT: HORIZON FREIGHT SYSTEM, INC.  
Name of Corporation

DOCUMENT NUMBER: F13000002094

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:

ROBERT A. BOSAK, CFO  
Name of Contact Person

HORIZON FREIGHT SYSTEM, INC.  
Firm/Company

8777 ROCKSIDE ROAD  
Address

CLEVELAND, OHIO 44125  
City/State and Zip Code

BOBB@HORIZONFREIGHTSYSTEM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT A. BOSAK - CFO at ( 216 ) 341-7410  
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 607.0302, 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 OHIO in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HORIZON FREIGHT SYSTEM, INC.
2. The principal office address: 8777 ROCKSIDE ROAD  
CLEVELAND, OHIO 44125
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 12-10-1982 Document number: F13000002094
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)

Theresa O'Brien

20244 Melville St.

Orlando, FL 32833

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

Theresa O'Brien

47 S. Hamilton Springs Road

P.O. Box NOT acceptable

St. Augustine, FL 32084

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.

James B. Gifford VP  
Signature of Registered Agent

JAMES B. GIFFORD - VP  
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.

Theresa O'Brien  
Signature of Registered Agent

5/21/18  
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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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