Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

REGISTERED AGENT CHANGE BIG M TRANSPORTATION, INC.

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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: BIG M TRANSPORTATION, INC.	
Name of Corporation	
DOCUMENT NUMBER: F19000003851	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Kathy Shin	
Name of Contact Person	
InCorp Services, Inc.	20
Firm/C mpany	- 22
3773 Howard Hughes Pkwy. Suite 500S	2022 OCT 1 4
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
managedreports@incor	o.com
E-mail address: (to be used for future annual r	<u> </u>
·	••••••••••••••••••••••••••••••••••••••
For further information concerning this matter, ple	rase call:
Kathy Shin on behalf of InCorp Services	
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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CR2E045 (04/13)

10/14/22, 10:23 AM To: +1 850-617-6380 From: +1 702-851-3444 / H22000351003 3-Big M Transportation, Inc Page 3/ H22000351003 3

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

1. The name of t	he corporation: BIG M	TRANSPORTAT	TION, INC.	
	office address: 6341 B			
		ountain, MS 386	10	
3. The mailing a	ddress (if different): PC	D BOX 146, RIP	LEY, MS 38663	
4. Date of incom	ooration/qualification: _	08/13/2019	Document number:	F19000003851
	I street address of the cultiment of State: (If resign	**	ent and registered office on)	
	C T CORPORATION	SYSTEM		2 OC
1200 South Pine Island Road				2022 OCT 14
	Plantation, FL 33324	ļ		
6. The name and (if changed):	I street address of the ne		(if changed) and /or registe	· · · · · · · · · · · · · · · · · · ·
	InCorp Services, Inc			
	17888 67th Court No	orth		
	Loxahatchee, FL 334		NOT acceptable	
The street addre	ess of its registered offic be identical.	ce and the street ac	ddress of the business offic	ce of its registered agent,
Such change wa authorized by th	is authorized by resolut se board, or the corpora	ion duty adopted l tion has been noti	by its board of directors or fied in writing of the chang	by an officer so
A/Ida	of Klassenail	<u>/</u>	Michael Massengill, Pre	esident
I hereby accept I further agree t of my duties, an document is bei	o comply with the prov	isions of all statut d accept the oblig et a chance in the	Printed or typed nad agree to act in this capacit es relative to the proper at ation of my position as reg registered office address, i	ty. nd complete performance
1	Africa S		October 12	2, 2022
Silv	nature of Registered Agent	·····	Date	
If signing on be	half of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSFE, FL 32314
CR2E015 (04/13)