Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H220001317093ABCZ

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 SERVICE TRANSPORT COMPANY

Certificate of Status 0 Certified Copy 0 Page Count 01 Estimated Charge \$35.00

A. BUTLER

APR 1 3 2022

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Amendment Section

COVER LETTER

TO:

Q 04/11/2022 2:51 PM

SUBJECT: Service Transport Consumer of Corporation	ompany ————————————————————————————————————
DOCUMENT NUMBER: F20000025	88
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Approved to Destine Talankon Namba

Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address:
Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

15129570210

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

statement of cha	provisions of sections 607,0502, 61 inge is submitted for a corporation or r to change its registered office or r	organized under the la	ws of the State of _	Texas		
	the corporation: Service Trans		n, in the state of F			_
2. The principal	office address: 7979 ALMEDA N, TX 77075		<u> </u>		 _	_
	ddress (if different):					-
_	poration/qualification: 6/5/2020	Document	number: F20000	0002588	3	_
5. The name and	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registere				
	Service Transport Co	ompany				
	6310 New Kinsgs Road		-		202	
	Jacksonville	FL	32209	CRET	2022 APR	eter Car
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed): Registered Agent Solutions, Inc.					12 AM 9:	
	155 Office Plaza Dr.	Suite A		A PA	Ŧ	
	Tallahassee	FL 3230	1	-		
_	ess of its registered office and the s be identical. as authorized by resolution duly ad ne board, or the corporation has be				d agent	•
Isl Tracy Ol		Tracy Ohma		CFO		
I hereby accept I furthér agree t of my duties, an document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change t been notified in writing of this ch	nt and agree to act in I statutes relative to th e obligation of my pos in the registered offic	ted or typed name and the this capacity. The proper and committee it on as registered e address, I hereby		ormanc r, if thi that th	re is e
Hod	anziett	04/11/2022	2			
Sign	nature of Registered Agent		Date	_		
If signing on be	half of an entity:					
	Assistant Secretary sped or Printed Name					
''	ypod or runtou reame					

* * * 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 (04/13)