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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: I2000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

## REGISTERED AGENT CHANGE

## CHOCTAW TRANSPORTATION COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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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 Mississippi in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Choctaw Transportation Company, Inc.
2. The principal office address: 1307 East Court St.  Unersburg TN 38024
3. The mailing address (if different): PO Box 585 Dyersbury TN 38025
4. Date of incorporation/qualification: 01/06/1993 Document number: F93000000295
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CT Corporation System
1200 South Pine Island Road
Florida Department of State:  CT Corporation System  1200 South Pine Island Road  Plantation FL 33324
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 (P.O. Box NOT acceptable)
Tallahassee, FL 32301
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.
Own Guillewill Tim GLDEWELL SECRETARY (Stemature or an other other or an other
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 gud 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.
Corporation Service Company  By:   Grant G
By: Assure of Rogistered Agent) (Date)
If signing on behalf of an entity:
SUSKN Enstrom (Nood 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, PL 32314
CR2EMS (8/05).