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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC:

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

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

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	_	-	WAAT COO.	

REGISTERED AGENT CHANGE WERNER ENTERPRISES, INC.

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Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			12, 607.1508, or 617.1508, Florida : Nized under the laws of the State of					
			ered agent, or both, in the State of F					
1. The name of	the corporation: Wern	er Enterprises, Inc.						
	office address: 14507	- ,), OMAHA, NE 68138					
3. The mailing	address (if different); _							
4. Date of incorporation/qualification: 06/07/1995 Document number: F95000002728								
5. The name an Florida Depa	d street address of the criment of State: (If resi	current registered a igned, enter resigne	gent and registered office on file wi	th the				
	NRAI SERVICES, I	NC .						
	1200 South Pine Islan	ıd Road		2020 SEC				
	Plantation, FL 33324			JAN				
6. The name and (if changed):	i street address of the t	new registered ager	nt (if changed) and /or registered off	1020 JAN 31 AM 10: 48 SEORLAND OF STATE TALLAN ASSECTED.				
Corporate Creations Network Inc.								
	801 US Highway 1							
	P.O. Box NOT acceptable North Palm Beach, FL 33408							
The street address as changed will	ess of its registered off be identical.	lice and the street i	address of the business office of its	registered agent,				
Such change wa authorized by th	as authorized by resolute board, or the corpor	ution duly adopted ration has been not	by its board of directors or by an officed in writing of the change.	officer so				
	to so other to durate		Carlos M Alvarez, Attorney-in-Fact					
I hereby accept I further agree t of my duties, an document is bei	the appointment as re to comply with the pro	ect a change in the	Protect or typed name and this agree to act in this capacity tes relative to the proper and compaction of my position as registered registered office address, I hereby	nlata newformanoa				
(il	me		01/30/2020					
Signature of Registered Agent			Date					
If signing on bel	-							
	, Special Secretary							
Ly	ped or Printed Name							

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahasseb, FL 32314 cr2e045 (04/13)