F96000002758

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			



500039769795

08/03/04--01029--007 **35.00

FILED

04 AUG -3 PM 4: 30

IALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Travis Pinkstaff	
(Name of corporation)	:
DOCUMENT NUMBER: F96000002758	
The enclosed Statement of Change of Registered Office/Agent and fee are su	bmitted for filing.
Please return all correspondence concerning this matter to the following:	
Travis Pinkstaff	04 AUG -3 PM 4: 30 TALLAHASSEE, FLORID
(Name of person)	6-3 PA
National Service Information	EEE, PA
(Name of firm/company)	₹.
145 Baker Street	RIDA RIDA
(Address)	
Marion, OH 43302	:
(City/state and zip code)	
For further information concerning this matter, please call:	
Travis Pinkstaff at (740) 387 6806 code & daytime telephone number)
(Name of person) (Area	code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Amendment Section Am Division of Corporations Div P.O. Box 6327 409	eet Address: endment Section ision of Corporations E. Gaines Street lahassee, FL 32399

TO:

Amendment Section

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

		2, 617.0502, 607.1508, or 617.150		this state	ment of
		ed under the laws of the State of $_{}^{\!$			_in order
to change its reg.	istered office or registered age	ent, or both, in the State of Florida.			
1. The name of the	ne corporation: XPRESS GL	OBAL SYSTEMS, INC.			
2. The principal	office address: 1535 NEW H	OPE CHURCH ROAD		-	
DALTON G	A 30721				
3. The mailing ac	ddress (if different):				
4. Date of incorp	oration/qualification: 06/03/1	996 Document number	F96000002758	······································	
5. The name and Florida Depart		egistered agent and registered offic	e on file with the		
	C T CORPORATION SYST	EM		E	420
	1200 SOUTH PINE ISLAN	D ROAD		LA:	ALIG F
	PLANTATION FL 33324		· · · · · · · · · · · · · · · · · · ·	ASSI ASSI	FILED
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or re	gistered office	E, FLOR	PM 4: 30
	NRAI Services, Inc.	······································		- AG	
	526 E. Park Avenue	:			
	(P.O. Bo	x or personal mailbox NOT acceptable)		, 	
	Tallahassee, FL 32301				
The street addre	ss of its registered office and identical.	the street address of the business	office of its regist	ered ager	ıt, as
Such change wa	s authorized by resolution du corporation has been notifie	ly adopted by its board of director din writing of the change.	ors or by an officer	so autho	rized by
	Engline of an officer or director)	E. Willi	m LUSK, Je	-Pes	SIDEUT
I hereby accept I further agree to duties, and I am being filed mere been notified in NRAI Services.	the appointment as registered o comply with the provisions familiar with and accept the ly to reflect a change in the r writing of this change.	d agent and agree to act in this co of all statutes relative to the prop obligation of my position as regi registered office address, I hereby	**		nce of my cument is on has
by:	Signature of Registered Agent)		(Date)		
If signing on bel	half of an entity:			-	
Travis Pinksta		Assistant Sc			
	(Typed or Printed Name)	,	(Capacity)	-	