

F96000005559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR - 8 2013

T. BROWN

R.A.



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 552719 4370102

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE : March 1, 2013

ORDER TIME : 5:27 PM

ORDER NO. : 552719-018

CUSTOMER NO: 4370102

CHANGE OF AGENT

NAME: ABF FREIGHT SYSTEM, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

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 DE  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ABF FREIGHT SYSTEM, INC.
2. The principal office address: 3801 Old Greenwood Road  
Ft. Smith, AR 72903
3. The mailing address (if different): PO Box 10048  
Ft. Smith, AR 72917-0048
4. Date of incorporation/qualification: 10/25/1996 Document number: F96000005559
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 South Pine Island Road

Plantation FL 33324 US

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.

Deb Reeves

Signature of an officer or director

Deb Reeves, Vice President

Printed or typed name and title

*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 and 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: Grace E. Kirby

Signature of Registered Agent

2/27/2013

Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP

Typed 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, FL 32314

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