

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H140000921673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222~1092

Phone

Fax Number

: (850)878-5368

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 FREIGHT HANDLERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

C. LEWIS

APR 1 8 2014

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	Freight Handlers, Inc.	
	Name of Corporation	
DOCU	MENT NUMBER: F96000006836	
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please :	return all correspondence concerning this matter to the following:	
	Tai Wail	
	Name of Contact Person	
	Freight Handlers, Inc.	
	Firm/Company	
	310 N. Judd Parkway NE	
	Adáress	
	Fuquay Varina NC 27526	
	City/State and Zip Code	
	tal@freightbandlers.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
JOrdan	Brown 608 827-7675	
	Name of Contact Person at () Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Amendment Section Street Address: Amendment Section	

Division of Corporations

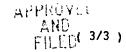
Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
Clifton Building

2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)



14 APR 17 AM 10: 18

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF TARY OF STATE BOTH FOR CORPORATIONS TALL AHASSEE, FLORING

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this are is submitted for a corporation organized under the laws of the State of $\frac{NC}{R}$
tn order	to change its registered office or registered agent, or both, in the State of Florida.
). The name of t	ne corporation: Freight Handlers, Inc.
2. The principal	office address: 310 N. Judd Parkway NE, Fuquay Varina NC 27526
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 12/23/1996 Document number: F96000006836
5. The name and	street address of the current registered agent and registered office on file with the tentor of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET TALLAHASSEE, FL 32301-2525
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
	P.O. Box NOT acceptable
	Plantation, Florida 33324
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	Jack Tal Wall / CAO Printed or typed manne and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my dulies, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By:	porekion System 04/16/2014 maintre of Registered Agent Date
2.0	
	chaif of an entity: 1. Assistant Secretary
CT Corporation	on System yped 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
CR2E045 (03/12)