



Division of Corporations Electronic Filing Cover Sheet

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(((H180001913663)))



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To:

Division of Corporations

Fax Number : (850)617-6380

R. WHITE

JUN 2 9 2018

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Fax Number

Phone : (561)694-8107 : (561)694-1639

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

Emeil Address:

REGISTERED AGENT CHANGE

WABASH NATIONAL TRAILER CENTERS, INC.

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

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

1. The name of	the corporation is: Wabash	National Trailer	Centers, Inc.			
2. The principal	office address: 17301 NW	SECOND AVE				
MIAMI FL	33169					
3. The mailing address (if different): PO BOX 6129						
LAFAYETT	E IN 47903					
4. Date of incorp	poration/qualification:	4/11/1997	Document Number: _			
5. The name and Florida Depar	d street address of the curr rtment of State:	ent registered age	ent and registered office	on file with the		
	CORPORATION SERVICE	COMPANY				
6. The name and (if changed):	1201 HAYS STREET					
	TALLAHASSEE FL 32301 d succt address of the new	-2525 registered agent	(if changed) and for reg	istered office		
				290 5		
	Corporate Creations Net	work Inc.				
	11380 Prosperity Farms	Road #221E				
	Palm Beach Gardens El	Box Not acceptable)		သ		
agent, as change	ress of its registered office ed will be identical.	and the street a				
Such change wanthorized by the	as authorized by resoluti he board, or the corporation	on duly adopted n has been notifie	by its board of directord in writing of the chan	ers or by an officer so		
Joseph Panholzer, Auorney-in-Fact				ı-Fact		
(Signature of an officer or director)			(Printed or Typed name and title)			
I further agree performance of agent. Or, if the	the appointment as regist to comply with the pro fmy duties, and I am famil his document is being filed that the corporation has b	visions of all st liar with and acce il merely to reflec	tatutes relative to the perpending the obligation of my per a change in the regist	proper and complete position as registered		
			June 28,			
	iture of Registered Agent)		(De	<i>(C)</i>		
If signing on be	chalf of an entity:					
Joseph Panholz	zer, Special Secretary od or Printed Name)					
	MAKE CHECKS MAIL TO: DIVISION OF CO	PAYABLE TO FLO DRPORATIONS, P.	ORIDA DEPARTMENT OF O. BOX 6327, TALLAHA	STATE ASSEE, FL 32314		
11380 Prospe	eations International Incerty Farms Road #221E					

(561) 694-8107