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DATE:

10/23/2013

NAME:

AVERITT EXPRESS, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

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

Pursuant to the provisions of sec statement of change is submitted in order to change its r	ctions 607.0502, 617.0502, 60 I for a corporation organized egistered office or registered	l under the laws of the State	of Ten	nessee	<u>}</u>	
1. The name of the corporation:	AVE	RITT EXPRESS,	INC.			
2. The principal office address:1415 NEAL		COOKEVILLE	TN	3850	2-31	66
3. The mailing address (if differ PO BOX	· ·	COOKEVILLE	TN	3850	2-31	66
4. Date of incorporation/qualific	L-L-02 4007	Document number:	F97000003850			
5. The name and street address of Florida Department of State:		t and registered office on fi	le with the	;		
	NRAI Services	s, Inc.	<del></del>			
1	1200 South Pine Is	land Road	~			
<u></u>	Tallahassee, FL	33324		SEC TALI	る	
6. The name and street address of (if changed):  National	of the new registered agent (i		d office	RETARY OF AHASSEE,	BCT 23 F	7 1 1 1
155 Offic	ce Plaza Drive			LL LOT	Ç\$	٠,
Tallahas	see, FL 32301	ptable	<u> </u>	AUTE	0	
The street address of its registe as changed will be identical.	red office and the street add	ress of the business office	of its regi	stered ag	ent,	
Such change was authorized by authorized by the board, or the	resolution duly adopted by corporation has been notifie	its board of directors or by ed in writing of the change.	an office	er so		
Signature of an officer or of	ector _	George H. Johnson, Secre				
I hereby accept the appointment further agree to comply with performance of my duties, and agent. Or, if this document is the hereby confirm that the corpor	the provisions of all statutes I am familiar with and acce	relative to the proper and not the obligation of my pos	complete ition as re office add	egistered fress, I	•	
/Signature of Registered	Agent	10/2 z/21	113	<b></b>	<del></del>	
If signing on behalf of an entity	-					
ıcy Rose, Assistant S	Secretary					

Typed or Printed Name

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