## 383759

/Po	equestor's Name)	
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R.A. Change C.COULLIETTE APR 2 0 2009

**EXAMINER** 



ACCOUNT NO. : 12000000195						
REFERENCE : 961969 7425546						
AUTHORIZATION: Spelle Man						
COST LIMIT : \$ 85.00						
ORDER DATE: April 16, 2009						
ORDER TIME : 9:30 AM						
ORDER NO. : 961969-012						
CUSTOMER NO: 7425546						
CHANGE OF AGENT						
NAME: AMERICAN COACH LINES OF ORLANDO, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Heather Chapman EXT# 2908  EXAMINER:						

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized i er to change its registered office or registered of	ınder the laws of the	State of Florida
	the corporation: AMERICAN COACH		
2. The principal	office address: 4950 L.B. McLeod Ro	ad, Orlando, FL	32811
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/08/1984	Document number:	G83759
	d street address of the current registered agent a artment of State:	and registered office of	on file with the
	CT Corporation System		
	1200 S. Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new registered agent (if c	changed) and /or regi	stered office
			, , , , , , , , , , , , , , , , , , ,
	1201 Hays Street (P.O. Box NOT acceptable)		99 ALL ALL
	Tallahassee, FL 32301		ARE ARE
The street address changed will	ress of its registered office and the street addr Il be identical.	ess of the business o	ffice of its registered esent,
	vas authorized by resolution duly adopted by the board, or the corporation has been notified		16 training   15
Maura (Signat	ture of an officer or director)	laureen Cullen, A	Attorney in fact 5
I further agree of my duties, ar document is be corporation ha	of the appointment as registered agent and agent to comply with the provisions of all statutes and I am familiar with and accept the obligations filed merely to reflect a change in the register notified in writing of this change.  Ation Services Company	relative to the prope on of my position as gistered office addres	acity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
By	Signature of Registered Agent)	/16/09 (Da	tc)
If signing on be	ehalf of an entity:		
Michelle R.	. Vannoy, Asst. VP		
	(Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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