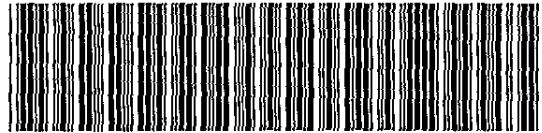


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FILED

03 APR - 8 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**100015314241**

04/07/03--01076--002 \*\*25.00

ADCO TRUCKING, LLC  
246 MAINSAIL ST.  
PT. ST. LUCIE, FL 34963

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**AL**

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

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03 APR -8 PM 12:50

1. The name of the limited liability company is: ADCO TRUCKING, LLC OF STATE FLORIDA  
2. The mailing address of the limited liability company is: 246 MAINSAIL STREET  
TALLAHASSEE, FL 34983

01/11/2002  
3. Date of filing/registration in Florida

L02000000925  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATION SERVICE COMPANY  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE, FL 32301-2525  
City, State and Zip

6. The name and address of the new registered agent and/or office:

CAROL GOGLUCCI  
Name  
252 NE MAINSAIL STREET  
Florida street address (P.O. Box NOT acceptable)  
PORT ST. LUCIE FL 34983  
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carol Goglucci  
(Signature of a member or authorized representative of a member)

CAROL GOGLUCCI  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Carol Goglucci  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314