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SECRETARY OF STATE SIVISION OF CORPORATIONS

J. BRYAN

FEB 1 2 2008

EXAMINER

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	ANDFRSON	SPEDITION, LLC	
		f Limited Liability Company)	,
Dear Sir or I	Madam:		
The encloses	d Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return	n all correspondence concernir	ng this matter to the following:	
	FRED SIMCIE (Name of Person)		,
	(Name of Person)		DIVISION SEG
T	(Firm/Company)		- 83 - 83 - 83 - 83 - 83 - 83 - 83 - 83
	(Firm/Company)		- COR
ے م) 130X 310582 (Address)		CRETARY OF STATE
	(Address)		TIONS
	AMPA FL 33	480	
	(City/State and Zip Code)		
For further is	nformation concerning this ma	itter, please call:	
- 4		*	
	(Name of Person)	at (8/3) 664.0700 (Area Code & Daytime Telephone N	lumber)
1 1 × 1	,		,
	EET/COURIER ADDRESS:	MAILING ADDRESS:	
	tration Section ion of Corporations	Registration Section Division of Corporations	
: Clifto	n Building	P.O. Box 6327	
	Executive Center Circle hassee, Florida 32301	Tallahassee, Florida 32314	
Encl	osed is a check for the follow	ing amount:	
∑ \$2	5 Filing Fee	\$55 Filing Fee & Certified Copy	

INH\$18 (8/05)

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.

000 -601 - 000 1719 11 110
1. The name of the limited liability company is: ANDERSON SPEDITION, LCC.
2. The mailing address of the limited liability company is: 405 S. DALE MAIBRY HWY # 35
TAMPA FL 3360?
10/17/2006 106000100849
3. Date of filing/registration in Florida 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:
Name Name
Name SE
10904 U5 41 SUUTKI EB DEE
A = A = A = A = A = A = A = A = A = A =
City, State and Zip
6. The name and address of the new registered agent and/or office: FILED SIMEIC Name Na
FRED SIMEIC 7
DO BOX 910552 4604 Harney Rd Ste B
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33640
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. [Signature of a member or authorized representative of a member)

(Signature of Registeron Agent)

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

FILING FEE: \$25.00

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.

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INHS18 (8/05)

(Printed or typed name of signee)

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