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B. BOSTICK JUN 1 9 2013 **EXAMINER**

COVER LETTER

Division of Corporations		
SUBJECT: Enterprise Truc Name of Limit	K Brokes UC ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Thomas J Cople JR. Name of Person		
Enterprise Truck Brokers,	7 2	
1300 S French Ave, Box (SEURETARY ALLAHASSE	
Sanford, F. 32771 City/State and Zip Code	PM I2: 29	
Two leas load enterprise. Control le l'address: (to be used for future annual report notification)	· •	
For further information concerning this matter, pl	lease call:	
Vivian Carlson at a	(SOO) 232-7666 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, the undersigned limited er to change its registered office or registered	
1. Name of the limited liability company: Enterpr	ise Truck Brokers, LLC.	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	5300 S French Ave	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1300 S French Ave, Bux le Sanford, Fu 32771	
April 5, 2013 3. Date of filing/registration in Florida	L08 000 10 1707 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Tarrides, Matthew A.	
Registered Office Address:	711 W. Harvard 34 = TI	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Thomas J Coples Ja. 1300 S French Ave 3	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my p. Chapter 608, F.S. Or, in this document is being filed to maddress, whereby confirming the limited liability company. Significant of Paristered A. St.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00