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C.COULLIETTE
APR 202009

EXAMINER



ACCOUNT NO.	: 12000000195	
REFERENCE	: 961969 7425546	
AUTHORIZATION		
COST LIMIT	Smell de man	
ORDER DATE : April 16, 2009		
ORDER TIME : 9:29 AM		
ORDER NO. : 961969-009		
CUSTOMER NO: 7425546		
<u>CHANGE OF AGENT</u>		
NAME: AMERICAN COACH LINES OF JACKSONVILLE, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Heather Chapma	an EXT# 2908	
	EXAMINER:	

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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organi in order to change its registered office or register.	zed under the laws of the State of Florida
1. The name of the corporation: AMERICAN COA	CH LINES OF JACKSONVILLE, INC.
2. The principal office address: 3501 W Beaver Str	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/22/1989	Document number: L32294
5. The name and street address of the current registered ag Florida Department of State:	ent and registered office on file with the
CT Corporation System	
1200 S. Pine Island Road	
Plantation, FL 33324	09 P
6. The name and street address of the new registered agent (if changed):	t (if changed) and /or registered office
Corporation Service Company	20 PH 12: 14
1201 Hays Street	2: -
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	· · · · · · · · · · · · · · · · · · ·
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.
Maurecon Cullan (Signature of an officer or director)	Maureen Cullen, Attorney in fact (Printed or typed name and title)
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all statu of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complete performance gation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
By: (Signature of Registered Agent)	4/16/09 (Date)
If signing on behalf of an entity:	(Date)
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 * * *