Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000067213 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

; (850)205-0380

From:

Account Mame

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: FCA000000023 : (850)222-1092

Phone Fax Number

: (850)222-9428

MOI- 2770

10

4 **H**&R 30 PB **I2:** 54 Blod Of CCRFORATIONS

## REGISTERED AGENT CHANGE

WAL-MART TRANSPORTATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Macheopie: Alling: Marth.

GREACITE Filing

Public Angels Walls

04 HAR 30 AH II: I

2/20/04

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

Pursuant to the provisions of liability company submits the agent, or both, in the State of	i following Stalament in Ori	.508, Florida Statutes, the undersigned limited der to change its registered office or registered	i i
1. The name of the limited liz	ability company is: Wal-Man	rt Transportation, LLC	•
2. The mailing address of the	limited liability company i	\$ :	-
702 S.W. 8th Street, Bentonville, A	AR 72716-0555		
12-13-2001		М01000002770	
3. Date of filing/registration i	in Flerida	4. Document number	,
5. The name of the registered Florida Department of State	agent and the registered off	fice address as shown on the records of the	
Con	rporation Service Company		
198	Name		
121	Address		
Tal	lizhanee, PL 3230!		
	City, State an		
6. The name and address of th	no new registered agent and	/or office:	
<u>C T</u>	Corporation System		
	Name		
	O South Pine Island Road	Law NOT aggregated	
rı	lorida street address (P.O. B	iox NO1 asceptable)	
Pla	ntation FL 33	324	
	City, State and	Zip	
confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the opening agreement of the (Signature of a member or sutherized r	ge or changes are made, the registered agent will be ide confirmed that the change shility company or as otherwellimited liability company.	e taws of the State of Florida, it is hereby Florida street address of the registered of the nitical. Or, in the case of a Florida limited— (s) was/were authorized by an affirmative rate of wise provided in the articles of organization or	SECRETARY OF SIA
T. L. Miles-Authorized Signer (Printed or typed name of signer)		<del>-</del> 5	更 <u>个</u>
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm that of Sarperstian Syspen		l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office my has been notified in writing of this change.	c;
Division of	Corporations, P.O. Box	5327, Tallahussec, FL 32314	

FILING FEE: \$25.00

PLAIN MATTER CT Symme Online

DVR318(10/99)