

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.

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| | Doing so will generate another cover sheet. | ser from this page. |
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| To: | | ÷. |
| | Division of Corporations Fax Number : (850)617-6380 | un variable de la companya de la co |
| From: | | |
| T TOME, | Account Name : REGISTERED AGENTS INC. | <i>≱</i> |
| | Account Number : I20090000081 Phone : (307)200-2803 | - |
| | Fax Number : (855)330-1010 | |
| | email address for this business entity to be report mailings. Enter only one email addres | ss please.♥* |
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| annual | email address for this business entity to be report mailings. Enter only one email address. Address: REGISTERED AGENT CHANGE SCHOOL BUS REPAIR AND SERVICES I | ss please.**S TAL |
| annual | email address for this business entity to be report mailings. Enter only one email address. REGISTERED AGENT CHANGE SCHOOL BUS REPAIR AND SERVICES I | ss please.**S TAL |

Electronic Filing Menu

Corporate Filing Menu

Help

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

| <u> </u> | , | 02, 607.1508, or 617.1508, Florida Statu nized under the laws of the State of | | |
|--|---|---|---------------------------------------|-------------------|
| • | • • • | tered agent, or both, in the State of Florid | | |
| 1. The name of the corpora | ation: School bus repair and s | services inc. | | |
| 2. The principal office add | lress: 410 N.W. 14TH STREE | T | | |
| POMPANO BEACH, F | L 33060 | | · · · · · · · · · · · · · · · · · · · | _ |
| 3. The mailing address (if | different): 324 N.E. 11th AVE. | | | |
| Boynton Beach, FL 334 | 435 | | | |
| 4. Date of incorporation/qu | nalification: 07/01/2013 | Document number: N130000061 | 22 | |
| | dress of the current registered state: (If resigned, enter resign | agent and registered office on file with the | ie | |
| VERTIL, | SHERRY | | نجست الم | |
| 410 N.V | V. 14TH STREET | | 19 H&R | -11 |
| POMPAN | O BEACH, FL 33060 | | 1 22 1 22 | |
| 6. The name and street add (if changed): | lress of the new registered age | ent (if changed) and /or registered office | HAR 22 An or | - [7] - 西 P |
| Northw | vest Registered Ager | nt LLC | ري در. ايا در د | 3 D |
| 7901 4tl | h St N STE 300 | | | |
| | P.O. Box NO | T acceptable | | |
| St. Pet | tersburg FL 33702 | | | |
| The street address of its reas changed will be identic | egistered office and the street al. | address of the business office of its reg | istered agent | ι, |
| Such change was authorized by the board, of | ed by resolution duly adopted the corporation has been no | d by its board of directors or by an office of the change. | er so | |
| Mathaniel 7 | Nemillon | Nathaniel Mcmillon, Director Printed or typed name and title | | |
| I further agrée to comply performance of my duties. | with the provisions of all stat , and I am familiar with and a | nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as r lect a change in the registered office add in writing of this change. | evistered | |
| on Glor | ye_ | 3/19/19 | | |
| Signature of Regi | stered Agent | Date | | |
| If signing on behalf of an | entity: | | | |
| Tom Glover | | | | |
| Typed or Printer | | W 615 00 m a m | | |
| | * * * FILING FI | ኒዜ: ֆᲐጛ.00 * * * * | | |

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)