

P 00000027242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

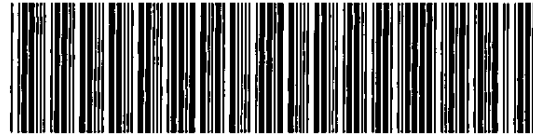
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700076576077

FILED  
06 JUL -5 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07/05/06--01011--007 \*\*35.00

av RA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** A.G. DELIVERY SERVICE, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000027242

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN WAYNE GRAF  
(Name of Contact Person)

A.G. DELIVERY SERVICE, INC.  
(Firm/Company)

5500 POCONO DRIVE  
(Address)

LOVES PARK, IL. 61111  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN WAYNE GRAF at ( 815 ) 505-6074  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A.G. DELIVERY SERVICE, INC.  
2. The principal office address: 5500 POCONO DRIVE  
LOVES PARK, FL. 61111  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 3/7/2000 Document number: P0000027842

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
PAMELA SLIWINSKI  
1898 SE GREENBOND AVE.  
PORT ST. LUCIE, FLORIDA 34952

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
X NRAI Services Inc  
2731 EXECUTIVE PARK DRIVE SUITE 4  
(P.O. Box NOT acceptable)  
WESTON, FLORIDA 33331 County: Leon

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alan Wayne Graf  
(Signature of an officer or director)

ALAN WAYNE GRAF - PRESIDENT  
(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X Lisa Begg  
(Signature of Registered Agent)

X 6/26/06  
(Date)

If signing on behalf of an entity:

Lisa Begg  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)