

P00000027242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

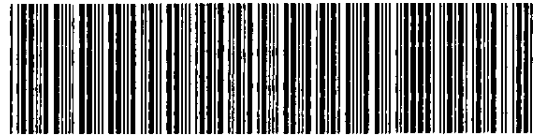
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLIETTE

JUN 01 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A. G. DELIVERY SERVICE, INC.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: P0000027242

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

Please return all correspondence concerning this matter to:

ALAN GRAF
Contact Person
A. G. DELIVERY SERVICE, INC.
Firm/Company
5500 POCONO DRIVE
Address
LOVBS PARK, FL 61111
City, State and Zip Code
AGDELIVERY@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2011

ALAN GRAF
A.G. DELIVERY SERVICE, INC.
5500 POCENO DR
LOVES PARK, IL 61111

SUBJECT: A.G. DELIVERY SERVICE, INC.
Ref. Number: P00000027242

We have received your document for A.G. DELIVERY SERVICE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have submitted the form for an LLC, you are filed with this office as a Florida profit corporation. I am enclosing the correct form for you to complete and return with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 511A00012154

RECEIVED
11 MAY 31 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, FL 60011
City/State and Zip Code

AGDELIVERY@AOL.COM
E-mail address: (to be used for future annual report notification)

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 32111
3. The mailing address (if different): N.A.

4. Date of incorporation/qualification: 4/2000 Document number: 9000000 27242

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

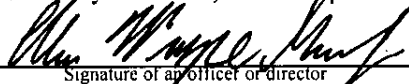
NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PAMELA K. GRAF SLIWINSKI
1898 SE GREGG AVE.
P.O. Box NOT acceptable
PORT ST. LUCIE, FLORIDA, 34952

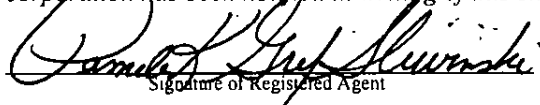
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

ALAN WAYNE GRAF
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.


Signature of Registered Agent

May 25, 2011
Date

If signing on behalf of an entity:

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)

FILED
11 JUN - 1 AM 8:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA