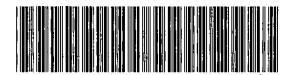
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status
.Special Instructions to	Filing Officer:	
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Office Use Only



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2009 MAY -4 PH 12: 39
SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

R.A.
TB 5-8-09

COVER LETTER

Division of Corporations
SUBJECT: Take Core Transport Inc. (Name of Corporation)
DOCUMENT NUMBER: 70000053(045
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:
Name of Contact Derson)
Toku Core (Firm/Company)
3982 Bee Ridge RO Blog H Site A
Sorasota, FL 34233 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 9247-229 (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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Toke Cure Tronsport, Inc.
2. The principal office address: 3982 Bre Ridge Rd Blog H Suite A
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/2-5/2000 Document number: POOOO 0053645
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)
Corl Wise
_7508 Cove Terrace
Sornsota, 4C 34231
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Carl Wise
3982 Bee Rida RO, Blog H, Suite H
Sorasota, FL 342-33
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.
(Bignature of an officer or director) (Bignature of an officer or director) (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.
1/1/ /1/ju 30 Km 09
If signing on behalf of an entity:
(Typed or Printed Name)
(Typed of Filmed Plane)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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