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To: Division of Corporations Fax Number : (859)617-6380 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:

REGISTERED AGENT CHANGE FLORIDA TRANSPORTATION SYSTEMS, INC.

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ALBRITTON

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

statement of ch	uange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of registered agent, or both. in the State of Flori		
1. The name of	f the corporation: Florida Transpo	ortation Systems, Inc.		
	al office address: 6041 Orient Roa			
3. The mailing	address (if different): 6041 Orient	t Road Tampa FL 33610		
		Document number: P00688		
	nd street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	he	
	REVELLE, HOWARD B	i i		
	7703 INDUSTRIAL LAN	IE		
	TAMPA, FL 33637-6738	3		
6. The name ar (if changed)		d agent (if changed) and /or registered office	2022 FEB - I PH 12: 56 SECRETARY OF STATE TALLAHASSEE. FL	
	Northwest Registered A	gent LLC	HAST -	
	7901 4th St N STE 300		85 C 75 C	
	P.O. Box NOT acceptable			
	St. Petersburg FL 33702	Ζ	<u> </u>	
The street add as changed wi	ress of its registered office and the s If be identical.	street address of the business office of its re	gistered agent,	
Such change v authorized by	vas authorized by resolution duly ad the board, or the corporation has been	lopted by its board of directors or by an offi en notified in writing of the change.	cer so	
	pher Rustman	Christopher Rustman, Pre	esident	
I hereby accept I further agree of my duties, a document is be		Printed or typed name and title ant and agree to act in this capacity. I statutes relative to the proper and comple e obligation of my position as registered ag in the registered office address, I hereby co	te performance tent. Or, if this onfirm that the	
Ton G.	love	2/1/22		
S	love ignature of Registered Agent	Date		
If signing on b	ochalf of an entity:			
Tom Glove				
	Typed or Printed Name			

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