## P01000000131

(Rec	questor's Name)	
(Add	iress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

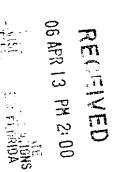
Office Use Only



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04/13/06--01033--025 \*\*35.00





RA Change

## **COVER LETTER**

Division of Corporations	
SUBJECT: The CourierXpress Company (Name of Cor	poration)
DOCUMENT NUMBER: P01000000131	
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
	,
Bill C Johnson Jr (Name of Conta	Power and
(Name of Conta	act reison)
The CourierXpress Company (Firm/Com	
(Firm/Com	ipany)
252 Cox Road, Suite 100	
(Addres	SS)
Monticello, FLorida 32344 (City/State and	Zin Code)
For further information concerning this matter, please cal	
•	*
Bill C Johnson Jr (Name of Contact Person)	at (850) 997-4343 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departme	
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

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: The CourierXpress Company
2. The principal	office address: 252 Cox Road, Suite 100, Monticello, Florida 32344
3. The mailing a	address (if different): P.O. Box 387, Monticello, Florida 32345
4. Date of incorp	poration/qualification: 01/02/2001 Document number: P01000000131
	d street address of the current registered agent and registered office on file with the rtment of State:
	J L Peddicord
	2079 Taylor Road
	Tallahassee, Florida 32308
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Bill C Johnson Jr
	252 Cox Road, Suite 100
	(P.O. Box NOT acceptable)
	Monticello, Florida 32344
	ess of its registered office and the street address of the business office of its registered agent, i be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signati	Bill C Johnson Jr., Exec. V.P.  (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bet corporation has	the appointment as registered agent and agree 22 act in this capacity to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this in filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.
G	4-13-06
	plantic of Registrica Agenty (Date)
If signing on be	chalf of an entity:
Γ)	Typed or Printed Name)
	* * * FILING FEE: \$35.00 * * *