

PD3000041466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

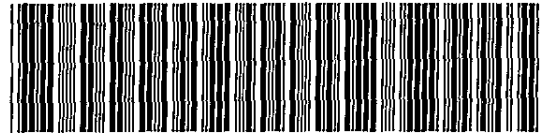
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Airborne Trucking, Inc.
(Name of corporation)

DOCUMENT NUMBER: P03000041466

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:

Troy Bragg
(Name of person)

Airborne Trucking, Inc.
(Name of firm/company)

226 Orchis Road
(Address)

St. Augustine, FL 32086
(City/state and zip code)

For further information concerning this matter, please call:

Troy Bragg at (904) 797-7618
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Airborne Trucking, Inc.
2. The principal office address: 226 Orchis Road, St. Augustine, FL 32086
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4-14-03 Document number: P03000041466
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Henry T. Swann, III

100 South Park Boulevard, Suite 308

St. Augustine, FL 32086

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

Troy Bragg

226 Orchis Road

(P.O. Box or personal mailbox NOT acceptable)

St. Augustine, FL 32086

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.

Shauna Bragg
(Signature of an officer, chairman or vice chairman of the board)

Shauna Bragg
(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.

Troy Bragg
(Signature of Registered Agent)

Troy Bragg 8-29-03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

35.99
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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