P03000054491

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ac	ldress)	
(Cid	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE, FLORIDA

APPROVEO AND FILED

C. Couttage DEC 2 A 2007

COVER LETTER

TO: Amendment Section Division of Corporation	on rations	
SUBJECT:	ANIN TRUCKING	
	(Name of Co	rporation)
DOCUMENT NUMBER	: P03000054491	
The enclosed Statement of	Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspond	dence concerning this matter	to the following:
	ADAM PO	
	(Name of Con	tact Person)
	ANIN TRI	ICKING CORP.
	(Firm/Co	npany)
	11125 BIDDE	
	(Addr	FORD PLACE ess)
	NEW PORT R	ICHEY, FL 34654 d Zip Code)
For further information con	ncerning this matter, please ca	all:
	ODLACHA	at (727) 417-5663 (Area Code & Daytime Telephone Number)
(Name of C	Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check	c made payable to the Departi	ment of State.
М	lailing Address: mendment Section	Street Address: Amendment Section
	mendment Section ivision of Corporations	Amendment Section Division of Corporations
	O. Box 6327	Clifton Building
= :	allahassee, FL 32314	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: ANIN TRUCKING CORP.		
2. The principal office address: 11125 BIDDEFORD PLACE		
NEW PORT RICH∉Y,FL 34654		
3. The mailing address (if different): SAME AS ABOVE		
4. Date of incorporation/qualification: 05/09/2003 Document number: P03000054491		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
ADAM PODLACHA		
1159 W CURLEW PL		
TARPON SPRINGS, FL 34689		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
ADAM PODLACHA		
11125 BIDDEFORD PLACE		
(P.O Box NOT acceptable) NEW PORT RICHEY, FL 34654		
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.		
ADAM PODLACHA - PRESIDENT (Signature of arrothicer or director) ADAM PODLACHA - PRESIDENT (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) (Date)		
If signing on behalf of an entity:		
(Typed or Printed Name)		

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

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