P04000154/4/

William & Linda Brock 5302 St Lucia Dr Lakeland FL 33813				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(=====, · · ·····,				
(Document Number)				
(Boodine Hamber)				
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SECRETARY OF STATE
ALL AHASSEF, FLORIO



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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statut on organized under the laws of the State of or registered agent, or both, in the State of Florid	
1. The name of	the corporation: Jerry's	Express Inc.	
,	l office address: <u>5302 St.</u> Aud, FL. 33813	Lucia Drive	
	address (if different): Same		
4. Date of incor	poration/qualification: ////0/2	2004 Document number: <u>P040000</u>	7/54/4/
	rtment of State:	stered agent and registered office on file with the	: -#
	Jerry's Expre	ss Inc. Lipthotter	-resgra
	5302 St. Lucia		06 SE
	LAKelANd, Fl.	·	JAN I
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered office	3 A 3 A 3 SSEE
	Steve Mulkey		AM II: 30 OF STATE E. FLORI
	236 Spirit LAK	le Road acceptable)	30 RIDA
	Winter Haven, 1	FL. 33880	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its regi	istered agent,
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has l	adopted by its board of directors or by an offic been notified in writing of the change.	er so
Junda Signal	Scrock ure of an officer or director)	Liung Brock Scoretore	y.Treasuree
I hereby accept I further agree of my duties, an document is bei corporation has	t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan s been notified in writing of this i	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby con change.	performance nt. Or, if this nfirm that the
Zeketear of	Brosl gnature of Registered Agent)	1-9-06 (Date)	· .
	chalf of an entity:	(2500)	-
(7	Typed or Printed Name)		
	* * * FILI	NG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)