## P05000027109

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status Constitution			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE
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## **COVER LETTER**

TO: Amend Division	dment Section on of Corporations			
SUBJECT:	CORE TRANSPORT T	ECHNOLOGIES, INC. Corporation		
DOCUMENT	NUMBER: PO	5000027109		
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:				
ROBERT R. HENDRY  Name of Contact Person				
	Traine V.			
HENDRY, STONER & BROWN, P.A.				
	Firm/	Company		
20 NORTH ORANGE AVENUE, SUITE 600				
	A	ddress		
ORLANDO, FLORIDA 32801				
City/State and Zip Code				
RHENDRY@LAWFORFLORIDA.COM  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	ROBERT R. HENDRY	at ( 407 ) 843-5880		
<u></u>	Name of Contact Person	at ( 407 ) 843-5880 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2009

ROBERT HENDRY 20 NORTH ORANGE AVE., SUITE 600 ORLANDO, FL 32801

SUBJECT: CORE TRANSPORT TECHNOLOGIES, INC

Ref. Number: P05000027109

We have received your document for CORE TRANSPORT TECHNOLOGIES, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

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Letter Number: 009A00023591

## 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 Singe is submitted for a corporation organized under the laws of the State of $\underline{\mathbf{F}}$	LORIDA		
	r to change its registered office or registered agent, or both, in the State of Fi			
	the corporation: CORE TRANSPORT TECHNOLOGIES, I			
2. The principal	office address: 37 NORTH ORANGE AVENUE, SUITE 500, OR	LANDO, FLORIDA 32801		
		32001		
3. The mailing a	ddress (if different): 20 NORTH ORANGE AVENUE, SUITE 600,	ORLANDO, FLORIDA 32801		
4. Date of incor	poration/qualification: 2/21/2005 Document number: P	05000027109		
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	h the		
	CLYDE E. LUCE	<b>P</b> EC <b>39</b>		
	6508 THE LANDINGS DRIVE	FIL UL 23 AHASS		
	ORLANDO, FLORIDA 32812	AM AM		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	HENDRY, STONER & BROWN, P.A.	· · · · · · · · · · · · · · · · · · ·		
20 NORTH ORANGE AVENUE, SUITE 600				
	P O. Box NOT acceptable	_		
	ORLANDO, FLORIDA 32801	-		
	ess of its registered office and the street address of the business office of it be identical.			
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so		
<u> </u>	ELYDE E. LUC  The appointment as registered agent and agree to get in this canaging.	CE , Director/Secretar		
I hereby accept I further agree of my duties, an document is be corporation ha	to comply with the provisions of all statutes relative to the proper and con all am familiar with and accept the obligation of my position as registered in a filed merely to reflect a change in the registered office address, I here is seen notified in writing of this change.	aplete performance d agent. Or, if this by confirm that the		
MAN STATE	Franchs 6/12/09			
	nature of Registered Agent Date			
If signing on be	ehalf of an entity:			
HENDRY ST	ONER & BROWN P.A.			

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

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