## P05000071054

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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09 JUL 30 AM IO: 42

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2009 JUL 30 PH 3: 15
SECRETARY OF STATE

ASR 1/30/09



ACCOUNT NO TOUGODO OF			
ACCOUNT NO. : I2000000195			
REFERENCE : 071357 7446829			
AUTHORIZATION : Spelle le man			
COST LIMIT : \$35.00			
ORDER DATE : July 20, 2009			
ORDER TIME : 8:59 AM			
ORDER NO. : 071357-005			
CUSTOMER NO: 7446829			
CHANGE OF AGENT			
NAME: KANGAROO EXPRESS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Heather Chapman EXT# 2908			
EXAMINER:			

## 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	
1. The name of the corporation: KANGAROO EXPRESS, INC.	
2. The principal office address:	_
3. The mailing address (if different): P O Box 1401, Sanford, NC 27331	
4. Date of incorporation/qualification: 05/13/2005 Document number: P05000071054	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
C T Corporation System	
1200 South Pine Island Road	\ 
C T Corporation System  1200 South Pine Island Road  Plantation, FL 33324	7
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	1
Corporation Service Company	
1201 Hays Street	
(P.O. Box NOT acceptable)	
Tallahassee, FL 32301	
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.	
Maureen Cullen, Attorney in Fact (Printed or typed name and title)	
I hereby decept the appointment as registered agent and agree to act in this capacity.  If 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.  Gorporation Service Company	
By: (Signature of Registered Agent)  Suly 29 2-009 (Date)	
If signing on behalf of an entity:	
Michelle R. Vannoy, Asst. V.P.  (Typed or Printed Name)	

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 \* \* \*