P01000030979

(Rec	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phone	e #)
, DICK-Nb	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
•		

Office Use Only



600075353416

05/26/06--01037--003 **227.50

06 MAY 26 PM 1: 35

15 6/5/05 M/NO

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

statement of change is submitted	ctions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this I for a corporation organized under the laws of the State of Florida egistered office or registered agent, or both, in the State of Florida.	
 The name of the corporation: The principal office address: 	American Delivery Services, Inc. 7552 Ridgefield Lane	
	Lake Worth, Florida 33467	
3. The mailing address (if different	ent):	
4. Date of incorporation/qualific	ation: 3/2/2006 Document number: P06000030979	
5. The name and street address of Florida Department of State:	of the current registered agent and registered office on file with the	
Perr	y D. Monioudis	
315	SE 7th Street, Second Floor	
Ft. :	Lauderdale, Florida 33301	
6. The name and street address c (if changed):	of the new registered agent (if changed) and /or registered office	
Jero	ne Cosmano	
7552	Ridgefield Lane	
Lake	(P.O. Box NOT acceptable) Worth, Florida 33467	
	<u> </u>	
The street address of its registe as changed will be identical.	red office and the street address of the business office of its registered agent,	
	resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	
June (Signature of an officer or di	Jerome Cosmano President (Printed or typed name and title)	
i turtner aaree ta campiu with i	at as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete performance with and accept the obligation of my position as registered agent. Or, if this to reflect a change in the registered office address. I hereby confirm that the	
Jame Cesm	5-16-06	
(Signature of Registered	Agent) (Date)	
If signing on behalf of an entity	c	
(Typed or Printed Nam	(c)	
	* * * EII INC EEE. \$25.00 * * *	

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