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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SECRETARY OF SATIONS
DIVISION OF CORPORATIONS
7001 SEP 27 PM 4: 55

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|--|--|--|--|
| | | | | |
| SUBJECT: JOE & BILL'S TRUCKING, INC. (Name of Corporation) | | | | |
| ' (Table of Solpotal | | | | |
| DOCUMENT NUMBER: P06000108103 | | | | |
| The enclosed Statement of Change of Registered Office/Agen | t and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the | following: | | | |
| | | | | |
| JOSEPH A HANLEY | | | | |
| (Name of Contact Po | erson) | | | |
| | | | | |
| JOE & BILL'S TRUCKING, INC. | | | | |
| (Firm/Company | ') | | | |
| | | | | |
| 5271 W. FIELD ST. (Address) | | | | |
| (Addivise) | | | | |
| HOMOSASSA, FL 34446 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| SUZANNE MASCATELLI at (| 352) 621-4772 | | | |
| (Name of Contact Person) | 352) 621-4772 (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address | Street Address: | | | |
| Mailing Address: Amendment Section | Amendment Section | | | |
| Division of Corporations | Division of Corporations | | | |
| P.O. Box 6327 | Clifton Building | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | | |
| | rananassee, i'il J2JVI | | | |

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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat ange is submitted for a corporation organized under the laws of the State of $_FL$ | | | | |
|---|--|--|----------------------------|----------|--|
| - | er to change its registered office or registered agent, or both, in the State of Flor | | , | | |
| 1. The name of | the corporation: JOE & BILL'S TRUCKING, INC. | | | | |
| 2. The principal | l office address: 5271 W/. FIELD·ST. | | | | |
| HOMOSAS | SSA, FLORIDA 34446 | | | | |
| 3. The mailing a | address (if different): | | | — | |
| 4. Date of incorp | rporation/qualification: AUGUST 18, 2006 Document number: P06000108 | 103 | | | |
| | d street address of the current registered agent and registered office on file with turtment of State: | he | | | |
| | SUZANNE MASCATELLI | | | | |
| | 4496 SW 34 TERR | | | | |
| | DANIA BEACH, FLORIDA 33312 | | 21 | DV., | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | | 2001 SEP 27 | SECRETA | |
| , | SUZANNE MASCATELLI | • • | | F CORNEL | |
| | 5271 W. FIELD STOREMENT AND ARREST | | PH 1 | STA | |
| د ارادیسیسی سازماهد ۱۹۱۱ - ۱۹۱۲ روین در از ۱۹۱۶ | (P.O. Box NOT acceptable) | | ي ئ | | |
| | HOMOSASSA, FLORIDA 34446 | | S | v | |
| The street address changed will | ress of its registered office and the street address of the business office of its rell be identical. | egistered a | gent, | | |
| Such change was authorized by the | vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer so | | | |
| los, al | JOSEPH A HANLEY, DIRECTO | DR | | | |
| Signati | the of an officer or director) (Printed or typed name and title | | | | |
| I hereby accept I further agree of my duties, ar document is bei corporation ha | t the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and compl nd I am familiar with and accept the obligation of my position as registered a sing filed merely to reflect a change in the registered office address, I hereby on the seen notified in writing of this change. | ete perforn igent. Or, confirm the | nance if this at the | | |
| 2 | Masestelli SEPTERMER 26, 2007 | | | | |
| Sittle (Si | ignature of Registered Agent) (Date) | | | | |
| If signing on be | ehalf of an entity: | | | | |
| | MASCATELLER WINGER | | | | |
| (Typed or Printed Name) (12 200 100 100 100 100 100 100 100 100 1 | | | | | |
| | MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE | | | | |
| M | MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 323 | 314 | | | |

CR2E045 (8/05)