

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160002724383)))



H160002724383ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. $_{\chi^0}$

Email Address:

REGISTERED AGENT CHANGE BNG TRANSPORT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

S TALLENT

NUV 07 2016

RIA-CH

COVER LETTER

3 (P:	Division of Corporations
SURI	BNG TRANSPORT, INC.
(, (,),	Name of Corporation
DOC	P06000152015 UMENT NUMBER:
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	e-return all correspondence concerning this matter to the following:
	Name of Contact Person
	name or Common reison
	Firm/Company
	Address.
	City/State and Zip Code
	annual reports@usfoods.com
	E-mail address: (to be used for future annual report notification)
For f	urther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Encl	osed 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, Tallahassee, FL 32314 Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of chi	provisions of sections 607:0502, 617:0 unge is submitted for a corporation org	anized under the laws of the State of 1	lorida			
	er to change its registered office or regi	•	ใญญี่ปล.			
1: The name of	the corporation: BNG TRANSPORT, IN	C.				_
2. The principal	l office address: 4520 8TH AVE., S. ST.	PETERSBURG, FL 33711				-
	no nov canew.	par necongniture, en protes				~
3: The mailing	address (if different): PO BOX 530188.	of Feteropero, Fe 33747	,,,,,,,,,,,,,,	·- ···································		ma-
4. Date of incom	rporation/qualification: 12/11/2006	Document number: P0600015	2015			
	ed street address of the current registered artiment of State: (If resigned, enter resigned.		th the			
	GILBERT RDPT MIGLIANO					
	4520 8TH AVE \$			SEC	6	
	ST-PETERSBURG, FL-33711			AHA AHA AHA AHA AHA AHA AHA AHA AHA AHA	NOV	7
6. The name ar (if changed)	nd street address of the new registered a :	gent (if changed) and for registered of	fice	NY OF S	-4 M	LED
	C T Corporation System	<u> </u>		0R	=	
	wo C T Corporation System, 1200 South	h Pine Island Road		D.F.	17	
	P.O. Hox. 5	SOT acceptable				
	Plantation, Florida 33324					
The street add as changed wi	ress of its registered office and the stre It be identical.	eet address of the business office of it	s regist	ered ägen	ıt,	
Such change v authorized by	vas authorized by resolution duly adop the board, or the cornoration has been	ted by its board of directors or by an notified in writing of the change:	officer	SO		
//	Vin Color	Luis A. Avila, Secretary				
I hereby accept further agree performance of agent. Or, if t	hite of an officer or antiver! of the appointment as registered agent to comply with the provisions of all s of my duties, and I am familiar with an this document is being filed merely to t	Printed or typed name and in and agree to act fir this capacity tatutes relative to the proper und con a accept the obligation of my position reflect a change in the registered office		gistered ess: I		
nereov commi	n that the corporation has been notified apparation System	rd in writing of this change. 11/3/16				
S	itendant of Registered Agent	Daic	**********	-Muhama tu denkhara kar		
If signing on t	James M. Halpin					
····	Assistant Secretary Typed or Printed Nume					
		FEE: \$35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314

FL00s - 05 26/2013 Wolters Kluwer Online

CR2E045 (03/12)