## 78700030950

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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SECRETARY OF UTALLAHASSEE, FLOR

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## **COVER LETTER**

TO: Amendme Division o	nt Section f Corporations	
SUBJECT: RI	COS & SONS TRUCKING INC (Name of Cor	rporation)
DOCUMENT NU	MBER: P0700030950	
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter t	o the following:
	CATHERINE O. RIOS	
	(Name of Cont	act Person)
	RIOS & SONS TRUCKING	
	(Firm/Con	npany)
	203 STATE ROAD 207	
_	(Addre	ess)
	EAST PALATKA, FL 3213	1
-	(City/State and	Zip Code)
For further informa	ation concerning this matter, please ca	II:
CATHERINE (Na	O. RIOS ume of Contact Person)	at ( 386 ) 329-2629 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## 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 Ftorida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: RIOS & SONS TRUCKING INC
2. The principal office address: 203 STATE ROAD 207  EAST PALATKA, FL 32131
3. The mailing address (if different): P.O. BOX 687
EAST PALATKA, FL 32131
4. Date of incorporation/qualification: 03/08/07 Document number: P07000030950
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
RENAYE A. LINTON
807 ST. JOHNS AVE
PALATKA, FL 32177
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CATHERINE O. RIOS
203 STATE ROAD 207
(P.O. Box NOT acceptable)  EAST PALATKA, FL. 32131
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.
(Signature of an officer of director)  CARMEN COHENS (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.
Cothern Rios. 11-14-07 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)  * * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314