P07000050745

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #	·)	
PICK-UI	P. WAIT	MAIL .	
	(Business Entity Name)	
(Document Number)			
Certified Copies	Certificates o	f Status	
Special Instructions to Filing Officer:			
Special Instructions	s to Filing Officer:		

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2008 DEC -3 PM 1:58
SECRETARY OF STATE

R.A. Change

TB 12-5-18

COVER LETTER

Amendment Section Division of Corporations

TO:

OPEN EDELCHT INC	
SUBJECT: OPEN FREIGHT INC (Name of Con	rporation)
DOCUMENT NUMBER: P07000050745	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	so the following:
LORRIE I (Name of Cont	DOWNEY
(Name of Cont	tact Person)
ODEN EDI	EIGHT INC
(Firm/Con	EIGHT INC
	X 1306
(Addre	ess)
	•
CALLAHA	N FL 32011
(City/State and	d Zip Code)
For further information concerning this matter, please ca	di:
LORRIE DOWNEY	at (904) 879-3765
(Name of Contact Person)	at (904) 879-3765 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departm	nent of State.
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section 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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu nange is submitted for a corporation organized under the laws of the State of $\underline{\sf FLC}$ tler to change its registered office or registered agent, or both, in the State of Flori	DRIDA	
1. The name of t	f the corporation: OPEN FREIGHT, INC.		
	al office address: island South POINT DR N		
	JAX. FC 32216		
3. The mailing a	address (if different): PO BOX 1306		
CALLAH	HAN, FL 32011		_
4. Date of incorp	rporation/qualification: 4/26/07 Document number: P0700005	0745	···
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	he	
	TIM J MURRAY		
	12648 SAND RIDGE DR		
	JACKSONVILLE. FL 32258	SECT SECT	П
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office:	2008 DEC -3 SECRETARY	= T
	LORRIE DOWNEY	THE B	C
	44251 BELLAMY LANE	92 :5	• .
	(P.O. Box NOT acceptable)	DE B	
	CALLAHAN, FL 32011		
The street address changed will	ress of its registered office and the street address of the business office of its nell be identical.	egistered agent,	
Such change we authorized by the	was 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	
Low	LORRIE DOWNE (Printed or typed name and title)	Y - UP	
I hereby occept I further deree of my duties, an document is bei	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and completed a familiar with and accept the obligation of my position as registered ageing filed merely to reflect a change in the registered office address, I hereby the province in writing of this change.		
To the	nie Jorens 10/8/08		
If signing on be	Date) Ochalf of an entity:	. ——	
(1	(Typed or Printed Name)		

* * * FILING FEE: \$35.00 * * *