## P01000052127

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress) .			
(Cit	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	ECT: Livingston Trucking Inc (Name of Corporation)
DOCU	MENT NUMBER: P07000052127
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Emmanuel L. Anang
	(Name of Contact Person)
	Livingston Trucking Inc
	(Firm/Company)
	4215 Ribault River Ln
	(Address)
	Jacksonville, FL 32208
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
Emn	nanuel L. Anang at (904) 686-4968 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclose	ed 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 2661 Executive Center Circle Tallahassee, FL 32301

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

I. The name	of the corporation: Livingston Trucking Inc		
		Jacksonville, FL 32208	
3. The mailir	ng address (if different):		
4. Date of inc	corporation/qualification: June 26, 2006	Document number: P07000052	2127
	and street address of the current registered age epartment of State:	ent and registered office on file with t	the
	Kim J. Anang		
	4215 Ribault River Ln		
	Jacksonville, FL 32208		OT C
6. The name (if changed	and street address of the new registered agent d):		NEGRETAR CORRECT PLANTS
	Emmanuel L. Anang		# 8: STA
	4215 Ribault River Ln		8 F
	(P.O. Box NOT acceptable)  Jacksonville, FL 32208		
	ddress of its registered office and the street a will be identical.		
Λ	e was authorized by resolution duly adopted by the board, or the corporation has been noti	Λ	nicci so
THIN CUI)	gnature of an officer or director)	LANAU (Printed or typed name and title	G-HRESIDE
hereby acc further agr of my duties, document is corporation	rept the appointment as registered agent and ree to comply with the provisions of all statu , and I am familiar with and accept the oblig being filed merely to reflect a change in the has been notified in writing of this change.	agree to act in this capacity. es relative to the proper and compl ation of my position as registered of registered office address, I hereby	lete performance igent. Or, if this confirm that the
Emma	(Signature of Registered Agent)	10 /18 /0	7
	(n.P.m.mra or traPiororan v.Pathr)	(Duty)	

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