

**P08000080779**  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6380

9060493

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**REGISTERED AGENT CHANGE  
TRANSTAR TRANSPORTATION GROUP INC**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RA/RD Change*

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANSTAR TRANSPORTATION GROUP INC.

Name of Corporation

**DOCUMENT NUMBER:** P08000080779

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Peter F. Souza

Name of Contact Person

NRAI Corporate Services

Firm/Company

1200 S. Pine Island Road, Suite 250

Address

Plantation, FL 33324

City/State and Zip Code

delark@transtargroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter F. Souza

at ( 877

261-6823

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

CR2E045 (03/12)

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**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: TRANSTAR TRANSPORTATION GROUP INC.
2. The principal office address: 404 Zell Drive, Orlando, FL 32824
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/02/2008 Document number: P08000080779
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Conll J. Moore

Conll Moore Law, PLLC - 124-A East Colonial Drive

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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 officer or director

Robert T. Gaye, President

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.*

By: NRAI Services, Inc.

Signature of Registered Agent

2/25/14

Date

If signing on behalf of an entity:

Peter F. Souza, Assistant Secretary

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

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SEC. OF STATE  
TALLAHASSEE, FLORIDA  
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