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| (F | Requestor's Name) | |
|---|-------------------------|--------|
| (A | address) | |
| A) | address) | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Name) | |
| (Document Number) | | |
| Certified Copies | Certificates of | Status |
| Special Instructions to Filing Officer: | | |
| | | |
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SECRETARY:OF STATE: TABLIAHASSEE: FLORIDA

COVER LETTER

| The enclosed Statement of Change of Registered Office/Agent and fee are submediate return all correspondence concerning this matter to the following: | itted for filing. |
|---|-------------------|
| Please return all correspondence concerning this matter to the following: | itted for filing. |
| | |
| 1 | |
| WAYNE BARTEAU Name of Contact Person | |
| TRANSWORLD AUTO TRANSPORT | ERS, INC |
| 8503 N.W. 35CT | |
| CORAL SPRINGS FL 3301 City/State and Zip Code | 5 |
| CFINSUITE 127 @AOL. COM E-mail address: (to be used for future annual report not | fication) |
| For further information concerning this matter, please call: | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

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

| 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: TRANSWORLD HUTO TRANSPORTERS INC |
| 2. The principal office address: 8503 N.W. 35 CT # CORAL SPRINGS, FL 33065 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 5/20/10 Document number: P0000 45660 |
| 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) |
| KEITH BARTEAY |
| 10019 NW49PL |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| m |
| NAYNE BARTEAU 8503 NW 35 CT #/ P.O. Box NOT acceptable |
| CORAL SPRINGS, FL 33061 |
| 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. |
| WAYNE BARTEAU Signature of an officer or director WAYNE BARTEAU |
| 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. |
| Signature of Registered Agent 9/16/20(0) |
| If signing on behalf of an entity: |
| WAYNE BARTEAU Typed or Printed Name |

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

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

CR2E045 (8/05)