P10000054935

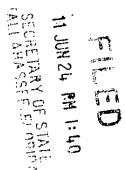
PIPPTS TRANSPORTATION CORPORATE MEADQUARTERS 3131 St. Johns Bluff Rd. S Jacksonville, FL 32246					
(City	/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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RAChange 06/28/11



June 22, 2011

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Statement of Change of Registered Agent for Eleets Transportation Group, Inc.

Document Number: P10000054935

Dear Sir/Madam:

Enclosed for filing, please find a Statement of Registered Office/Agent for Eleets Transportation Group, Inc. We enclosed our company check in the amount of \$35.00 representing the fee.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,

Ashley A. Dodd

AAD/ Enclosures

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stat	te of Florida	
	the corporation: <u>Eleets</u> office address: <u>3131 S</u>		on Group, Inc. d. S., Jacksonville, Fl	_ 32246	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	7/01/2010	Document number:	P10000054935	
	d street address of the cur rtment of State: (If resign		at and registered office on f	ile with the	
	Michael P. Williams	3			
	11437 Central Parkway, Suite 102				
	Jacksonville, FL 32	224		<u>_</u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Allen J. Steele			SFF OF A IN	
	3131 St. Johns Bluff Rd. S.				
	Jacksonville, FL 32	P.O. Box NOT ac 246	ceptable	5 5	
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,	
Such change w authorized by the	as authorized by resolutine board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or led in writing of the chang	by an officer so	
Stgriatu	re of an officer or director		Allon Sta	20/C e and title	
	/	stered agent and a sions of all statute l accept the obliga t a change in the r of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I		
(6.21	11	
	nature of Registered Agent	5	Date		
Т	yped or Printed Name				

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