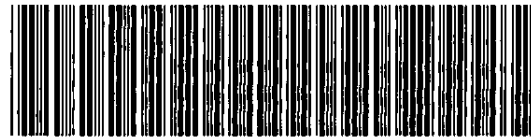


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DIVISION OF CORPORATIONS  
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@ 11/3/11

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Western Foliage Transport, Inc.  
Name of Corporation

DOCUMENT NUMBER: P10000077721

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:

John Mussotho  
Name of Contact Person

Western Foliage Transport  
Firm/Company

6400 NW 41st Street  
Address

Coral Springs FL 33067  
City/State and Zip Code

suzies21492@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Mussotho at ( 954 ) 605-3760  
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

**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: Western Foligge Transport, Inc.  
2. The principal office address: 6400 NW 41st Street  
Coral Springs FL 33067  
3. The mailing address (if different): Same as principal

4. Date of incorporation/qualification: 09/22/2010 Document number: P10000077721

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)

John Mussotho  
1038 SW 13 Court  
Pompano Beach, FL 33069

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

John Mussotho  
6400 NW 41st Street  
P.O. Box NOT acceptable  
Coral Springs FL 33067

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.

John Mussotho  
Signature of an officer or director

John Mussotho, 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.*

John Mussotho  
Signature of Registered Agent

10/31/2011  
Date

If signing on behalf of an entity:

John Mussotho  
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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