

P10000097787

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

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

## 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.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
SUPERTAXI, INC**

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

RECEIVED

12 MAY -9 AM 8:05

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2812 MAY -9 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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5/9/12  
5/9/2012

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUPERTAXI, INC  
Name of Corporation

**DOCUMENT NUMBER:** P10000097787

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:

Beverly Wedin  
Name of Contact Person

Veolia Transportation  
Firm/Company

720 E. Butterfield Rd., #300  
Address

Lombard, IL 60148  
City/State and Zip Code

beverly.wedin@veoliatravel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly Wedin at ( 630 ) 382-1090  
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 (4/05)

FL006 - 07/23/2009 C T System Online

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

1. The name of the corporation: SUPERTAXI, INC
2. The principal office address: 720 E BUTTERFIELD ROAD SUITE 300, LOMBARD IL 60148
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/01/2010 Document number: P10000097787

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)

CAPITOL CORPORATE SERVICES, INC  
155 OFFICE PLAZA DRIVE SUITE A  
TALLAHASSEE FL 32301 US

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

C T Corporation System  
c/o C T Corporation System, 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.

R. Brian Wier  
Signature of an officer or director

R. Brian Wier, VP  
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: Katie Szemmek  
C T Corporation System  
Assistant Secretary  
Signature of Registered Agent

May 8, 2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (8/05)

FL086 - 07/23/2009 C T System Darius