

PI1000032327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C3C Transports, Inc of North Florida
Name of Corporation

DOCUMENT NUMBER: P11000032327

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:

Jonathan Conklin
Name of Contact Person

C3C Transports, Inc of North Florida
Firm/Company

5801 Pilgrim Trail West
Address

Madison, FL 32577
City/State and Zip Code

C3transportsinc@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon Conklin at (954) 394 0860
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: C³C Transports, Inc of North Florida
2. The principal office address: 5801 Pilgrim Trail West
Mdino FL 32577
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P11000032327
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)

2533 Corral Drive
Cantonment, FL 32533

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

5801 Pilgrim Trail West
Mdino, FL 32577

P.O. Box NOT acceptable

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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.

Jonathan Conklin
Signature of an officer or director

Jonathan Conklin 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.

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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