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(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv



09/15/14--01021--009 \*\*35.00

## **COVER LETTER**

TO: Amendment Section Division of Corporations A2A Integrated Logistics Name of Corporation DOCUMENT NUMBER: P11000068840 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: Anthony L Bryant Name of Contact Person A2A Integrated Logistics Inc Firm/Company 2854 Attorney Drive Suite H, Unit 168 Address Fayetteville, NC 28304 City/State and Zip Code tbryant@a2a-logistics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 973-537-5299 Area Code & Daytime Telephone Number Anthony L Bryant Name of Contact Person

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

CR2F645 (03-12)

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

tatement of change is submitted for a corporation	617,0502, 607,1508, or 617,1508, Florida Statutes, th on organized under the laws of the State of FL or registered agent, or both, in the State of Florida.	TS
The name of the corporation: A2A Inter		
The principal office address: 3123 Wing.		
3. The mailing address (if different): 285	4 Attorney Drive Suite H mailbox 168 etteville, NC 28304	
4. Date of incorporation/qualification: 01 August	ust 2011 Document number: P1100006884	40
•	astered agent and registered office on file with the	
INCORP SERVICE	s, inc.	
17888 67TH Cou	irt North	
LOXAHATCHEE, FL 33470		74 6
6. The name and street address of the new regist (if changed):	ered agent (if changed) and for registered office	14 SEP 15
Joh	nny Davis	200
3123 Winglewood Circle,		ÝP.
PO Box NOI acceptable  Lutz, FL 33558		ယ
The street address of its registered office and the changed will be identical.	he street address of the business office of its registere	ed agent.
Such change was authorized by resolution duly authorized by the board, or the corporation has	y adopted by its board of directors or by an officer so sbeen notified in writing of the change.	
Add Sandy of an afficer or director	Anthony L Bryant, CEO & Pre	sident
-	agent and agree to act in this capacity. If all statues relative to the proper and complete ith and accept the obligation of my position as regist dy to reflect a change in the registered office address notified in writing of this change.	cred , 1
نسل کی کی اسلام	08 September 2014	
Signature of Registered Agent  If signing on behalf of an entity:	Date	
Exped or Printed Name	TAGE PERE, \$25,00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR26045 (03-12)