

P110000091827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

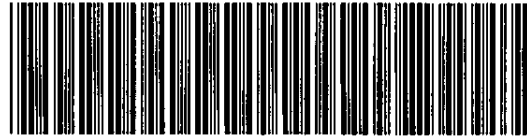
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900260094249

05/19/14--01040--027 **35.00

APPROVED
FILED
14 MAY 19 PM 3:57
FALL ARIZONA COUNTY

C. LEWIS
JUN 2 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAIN MOTOR Freight, INC.
Name of Corporation

DOCUMENT NUMBER: P11000091827

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:

ARLENE GAUNT

Name of Contact Person

CAIN MOTOR Freight, INC.

Firm/Company

413 NE VAN LOON LANE STE # 126

Address

CAPE CORAL FL 33909

City/State and Zip Code

ARLENE@CAIN.MOTORFREIGHT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARLENE GAUNT

Name of Contact Person

at (239) 673-6708

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: CAIN MOTOR FREIGHT, INC.
2. The principal office address: 413 NE VAN LOON LANE # 126
CAPE CORAL, FL. 33909
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/16/13 Document number: P11000091827

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)

1136 NE Pine Island Rd. # 12
CAPE CORAL, FL. 33909

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

413 NE VAN LOON LANE
STE. # 126
P.O. Box NOT acceptable
CAPE CORAL, FL. 33909

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.

[Signature]
Signature of an officer or director

ARLENE G. GAUNT SCFO
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]
Signature of Registered Agent

5/14/14
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 (03/12)

14 MAY 19 PM 3:57
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA