

P120000008784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

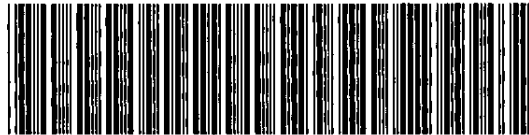
(Business Entity Name)

(Document Number)

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2012 OCT 17 PM 2:05  
CLERK OF COURT  
JULIA A. ROBERTS

OCT 17 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 15, 2012

TRAVIS SMITH  
MINCO  
2514 EAST AVE  
PANAMA CITY, FL 32405

SUBJECT: CAJUN TRUXX INC  
Ref. Number: P12000008784

We have received your document for CAJUN TRUXX INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please complete block #6

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

Letter Number: 612A00025414

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** cajun truxx

Name of Corporation

**DOCUMENT NUMBER:** P12000008784

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:

**TRAVIS SMITH**

Name of Contact Person

**CAJUN TRUXX**

Firm/Company

**2514 EAST AVE.**

Address

**PANAMA CITY, FL. 32405**

City/State and Zip Code

**CAJUNTRUXX@COMCAST.NET**

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

For further information concerning this matter, please call:

**TRAVIS SMITH**

Name of Contact Person

at **850 913-8777**

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: CAJUN TRUXX
2. The principal office address: 2514 EAST AVE. PANAMA CITY, FLORIDA 32405
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/26/2012 Document number: P12000008784

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)

MONICA RANKINS (RESIGNED)

1321 DELAWARE AVE.

LYNN HAVEN FL. 32444

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

TRAVIS LEE SMITH

2404 DRAGONFLY LANE

P.O. Box NOT acceptable

PANAMA CITY, FLORIDA 32405

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

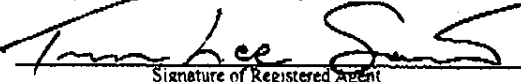
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

TRAVIS LEE SMITH P

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

10/17/2012

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 (03/12)

850 245-6897

Tina Roberts