

P12000016327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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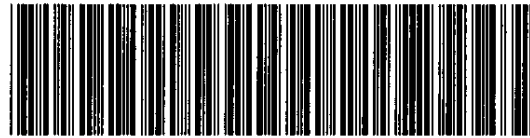
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32399

RA Change

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** R & D McKay Transport Incorporated  
Name of Corporation

**DOCUMENT NUMBER:** P12000016327

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:

Donna K McCoy-McKay

Name of Contact Person

R & D McKay Transport Incorporated

Firm/Company

4100 5th Avenue North

Address

St. Petersburg, FL 33713

City/State and Zip Code

mccdon3@aol.com

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

For further information concerning this matter, please call:

Donna K. McCoy-McKay at 727 290-7467

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

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TALLAHASSEE, FLORIDA

**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: R & D McKay Transport Incorporated
2. The principal office address: 4100 5th Avenue North  
St Petersburg, FL 33713
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/14/2012 Document number: P12000016327

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)

Stephen Simone CPA (Resigned)

6439 Central Avenue

St Petersburg, FL 33710-8411

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

Donna K McCoy-McKay

4100 5th Avenue North

P.O. Box NOT acceptable

St Petersburg, FL 33713

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.

Donna K McCoy-McKay Donna K McCoy-McKay Sec/Treas  
Signature of an officer or director 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.*

Donna K McCoy-McKay 12/26/2013  
Signature of Registered Agent Date

If signing on behalf of an entity:

Donna K McCoy-McKay

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)

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