

PI2000037061

Ultimate Trucking Service Inc.
10621 NW 32nd St
Sunrise FL
33351

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

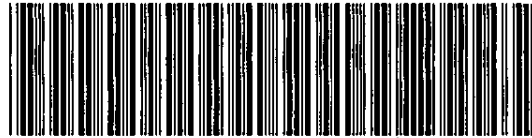
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA address
change

11/28/12--01006--011 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
11/29/12

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: ULTIMATE TRUCKING SERVICE INC.
2. The principal office address: 3210 NW 94TH WAY SUNRISE FLORIDA 33351
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/18/2012 Document number: P1200037061

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)

RALSTON COOKE

3210 NW 94TH WAY

SUNRISE FLORIDA 33351

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

RALSTON COOKE

10621 NW 32ND ST

P.O. Box NOT acceptable

SUNRISE FLORIDA 33351

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.

X 
Signature of an officer or director

RALSTON COOKE

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 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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