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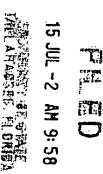
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: AJS Freight Corporation

Name of Corporation

DOCHMENT NUMBER

P12000065048

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:

Samuel Sulja

Name of Contact Person

AJS Freight Corporation

Firm/Company

6655 Cambridge Park Drive

Address

Apollo Beach, FL 33572

City/State and Zip Code

coastland3@gmail.com

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

For further information concerning this matter, please call:

Samuel Sulja

,813

516-7123

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

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

, ,	-1	, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of	
*	• •	or registered agent, or both, in the State of	
1. The name of	the corporation: AJS Freight	t Corporation	
2. The principal	office address: 6655 Camb	ridge Park Drive Apollo Beach,	FL 33572
			
3. The mailing a	address (if different):		
		P120	
4. Date of incorp	poration/qualification:	Document number: P1200	00003040
	d street address of the current re- rtment of State: (If resigned, ent	gistered agent and registered office on file v er resigned)	vith the
	Samuel Sulja		_
	4422 Gentrice Drive		_
	Valrico, FL 33596		_
6. The name and (if changed):	d street address of the new regist	tered agent (if changed) and /or registered o	ffice
	Samuel Sulja	· · · · · · · · · · · · · · · · · · ·	र्ज ज
	6655 Cambridge Park		
		O. Box NOT acceptable	
	Apollo Beach, FL 3357		
The street address changed will	ess of its registered office and to be identical.	the street address of the business office of i	ts fegistered agent,
Such change wa authorized by th	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an s been notified in writing of the change.	officer so
		Sa mue Sulling Printed or typed name and in	a - President
	the appointment as registered	Printed or typed name and to agent and agree to act in this capacity.	tle
I further agree : performance of	to comply with the provisions of my duties, and I am familiar w	agen and agree to det in his capacity, of all statutes relative to the proper and cor with and accept the obligation of my position of the registered office of the proper in writing of this change.	nplete n as registered ce address, l
		July 1/2015	
	nature of Registered Agent	O / Date	
If signing on be	chalf of an entity:		
T	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *