

P120000 793 70

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RA Change

08/27/13

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AK Trucking Services INC
Name of Corporation

DOCUMENT NUMBER: P12000079370

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:

James S. McNeill
Name of Contact Person

AK Trucking Services INC.
Firm/Company

116 Tanbark Trail
Address

Wellington, FL. 33414
City/State and Zip Code

shannonmcn67@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. McNeill at (561) 261-6450
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**

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: AK TRUCKING SERVICES INC.
2. The principal office address: 1407 W AVE A Belle Glade, FL 33430
3. The mailing address (if different): 1294 Brampton Cove Wellington, FL 33414
4. Date of incorporation/qualification: 9/17/2012 Document number: P120000079370
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)

James S. McNeill
1294 Brampton Cove
Wellington, FL 33414

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

James S. McNeill
116 Tanbark Trail
Wellington, FL 33414

P.O. Box NOT acceptable

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

James Shannon McNeill Pres
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

8/12/2013
Date

If signing on behalf of an entity:

James Shannon McNeill
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

FILED
13 AUG 22 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA