713000098071

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



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14 FEB -3 All 11: 47

5. 831 HB2

FB.04.935



| ON-SERVICE COMPANY | | | | • | | |
|--------------------|------------------|-----|------------------|---------|--|--|
| | ACCOUNT NO. | : | 12000000019 | 95 | | |
| | REFERENCE | : | 985717 | 7979292 | | |
| | AUTHORIZATION | : | 100 | | | |
| | COST LIMIT | : · | C\$73:51:50.00Ce | na | | |
| ORDER DATE : 3 | January 30, 2014 | | | | | |
| ORDER NO. : 9 | | | | | | |
| | | | | | | |
| CUSTOMER NO: | 7979292 | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| NAME: | PEER TRANSPOR! | r G | ROUP, INC. | | | |
| PLEASE RETURN T | THE FOLLOWING AS | PR | OOF OF FILIN | IG: | | |
| CERTIFI XX PLAIN S | | | | | | |
| CONTACT PERSON: | Susan Enstrom | | EXT# 53854 | | | |

EXAMINER:

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

| statement of cha | provisions of sections 607.0502, 61 inge is submitted for a corporation or r to change its registered office or r | organized under the | laws of the State of | |
|---|---|------------------------|---|-------------------------------------|
| 1. The name of | he corporation: Peer Transport Gro | oup, Inc. | | · · · · · · · · · · · · · · · · · · |
| 2. The principal | office address: 8720 Somer | s Road S | | |
| | Jacksonvil | le, FL 32226 | | |
| 3. The mailing a | ddress (if different): 1201 Hay | s Street | | |
| | Tallahass | | | · |
| 4. Date of incom | poration/qualification: 12/09/2013 | Docume | nt number: P13000098071 | |
| 5. The name and | street address of the current register trnent of State: (If resigned, enter re | ered agent and regist | | SECRET VISION T |
| | Kimberty Stein | | | 1 |
| | 13101 Atlantic Blvd 201 | | · | 3 (A) |
| | Jacksonville, FL 32225 | | | MIN: 47 |
| 6. The name and (if changed): | street address of the new registered | l agent (if changed) | and /or registered office | 与 |
| | Corporation Service Company | | · | |
| | 1201 Hays Street | | | |
| | | x NOT acceptable | 00004 | |
| | Tallahassee | F | | |
| The street address changed will | ess of its registered office and the s be identical. | treet address of the | business office of its regist | tered agent, |
| Such change was authorized by the | is authorized by resolution duly ad ne board, or the corporation has bee | opted by its board o | f directors or by an officer g of the change. | so |
| Signatu | re of an othicer of director | MICHARY | P. WILLIAMS ACS | 100v+ |
| I further agree performance of agent. Or, if the hereby confirm Corporation | the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a document is being filed merely to that the corporation has been noting Service Company | l statutes relative to | the proper and complete ration of my position as regard the registered office address change. | zistered ess, I |
| By: Sus | nature of Registered Agent | | / - 31 -/ 4. Date | |
| If signing on be | half of an entity: | , | | |
| Conpos | CATION SELVICE (| on pony | | |

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