

P140000045688

(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



800302872238

08/25/17--01014--021 **35.00

FILED
2017 AUG 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R O/ch8

AUG 31 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Slonaker TRANSPORTATION Service INC.
Name of Corporation

DOCUMENT NUMBER: P14000045688

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:

William J. Slonaker
Name of Contact Person

Slonaker TRANSPORTATION Service INC.
Firm/Company

4096 ARTESA Dr.
Address

BOYTOW Beach FL 33436
City/State and Zip Code

WPSlonaker1@POL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Slonaker Transportation Service Inc.
2. The principal office address: 4096 ARTESA DR. BOYD TOWN BEACH,
FL. 33436
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-21-2014 Document number: P14000045688

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) Slonaker Transportation Service Inc.
William J. Slonaker,
400 E. Royal Palm Rd
Boca Raton, FL 33432

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

4096 ARTESA DR. BOYD TOWN
Beach FL. 33436

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.

William J Slonaker
Signature of an officer or director

William J Slonaker OWNER
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.

William J Slonaker
Signature of Registered Agent

8-18-17
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

FILED
2017 AUG 25 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA