

PI4000097246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

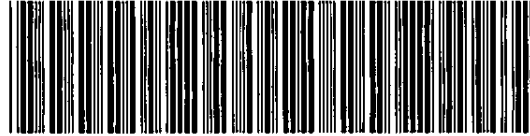
(Business Entity Name)

(Document Number)

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15 MAY 28 AM 8:54  
SUN 5 MAY 2015

JUN 4 2015

C LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Truck On , Inc  
Name of Corporation

**DOCUMENT NUMBER:** P14000097246

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:

Doyce Price  
Name of Contact Person  
Truck On Inc  
Firm/Company  
12301 Jim Edwards Road  
Address  
Haines City, FL 33844  
City/State and Zip Code  
lbprice@tampabay.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Marlow at 863 422-4777  
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: Truck On Inc
2. The principal office address: 12301 Jim Edwards Road  
Haines City, FL 33844
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/1/2015 Document number: P14000097246
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)

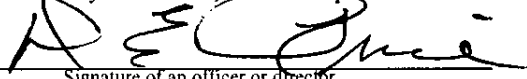
Doyce E. Price  
6658 State Road 544  
Winter Haven, FL 33881

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


Doyce E. Price  
12301 Jim Edwards Road  
P.O. Box NOT acceptable  
Haines City, FL 33844

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.

 D.E. PRICE  
Signature of an officer or director 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.*

 5-26-15.  
Signature of Registered Agent Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

SECRET  
DIVISION OF CORPORATIONS  
15 MAY 28 AM 8:54