

P15000008628

(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



800269707178

02/24/15--01017--009 **35.00

APPROVED
AND
FILED

15 FEB 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
J. LEMIEUX

MAR 02 2015

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T & A TRUCKING EXPRESS, INC
Name of Corporation

DOCUMENT NUMBER: _____

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:

Katherine Bloom
Name of Contact Person

MyLLC.com, Inc.
Firm/Company

5716 Corsa Ave, Suite 110
Address

Westlake Village, CA 91362
City/State and Zip Code

diane.kalinowski@myllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kat Bloom on behalf of Incomp Services, Inc. at (888) 886-9552
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: T & A TRUCKING EXPRESS, INC
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____
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)

JOCA, TELEMAK

12502 BENT BAY TRAIL

JACKSONVILLE, FL 32224

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

APPROVED
AND
FILED
15 FEB 24 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

✓ Telemak Joca
Signature of an officer or director

Telemak Joca
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.

K Bloom
Signature of Registered Agent

February 5, 2015

Date

If signing on behalf of an entity:

Katherine Bloom on behalf of Incorp Services, Inc.
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
CR2E045 (03/12)