

P15000069616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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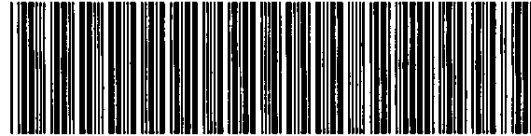
(Business Entity Name)

(Document Number)

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FILE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 JAN -9 PM 1:02

JAN 11 2017

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: B + D Hurst Trucking Inc  
Name of Corporation

DOCUMENT NUMBER: P15 00069616

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:

Brian Hurst  
Name of Contact Person

B + D Hurst Trucking Inc  
Firm/Company

2643 ne 592 nd st  
Address

Old Town Fl 32680  
City/State and Zip Code

~~bandd~~ banddhursttrucking2017@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delores Hurst at (205) 337-4961  
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: B + D Hurst Trucking Inc
2. The principal office address: 2643 ne 592 nd st  
Old Town, Fl 32680
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 8/18/2015 Document number: P15000069616
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)

(Resigned) Theresa M. Jones  
5291 nw 120th st  
chicland, fl 32626

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

Delores Hurst  
2643 ne 592 nd st  
Old Town, fl 32680

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.

Brian Hurst  
Signature of an officer or director

Brian Hurst / President  
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.*

Delores Hurst  
Signature of Registered Agent

1-6-17  
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  
CR2E045 (03/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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