

8/31/2020

2020-08-31 17:42:50 CST

16082893912 From: Alexis Gregor

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**REGISTERED AGENT CHANGE  
NIGHTINGALE FREIGHT EXPEDITERS INC.**

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**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: Nightingale Freight Expeditors Inc.
2. The principal office address: 4160 Player Circle, Orlando, Florida 32808
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/21/2017 Document number: P17000025793

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)

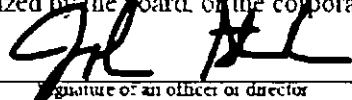
BUSINESS FILINGS INCORPORATED7901 4th street nSt. Petersburg, FL 33702

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

Registered Agents Inc.7901 4th St N Ste 300P.O. Box NOT acceptableSt Petersburg, Florida 33702

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.

  
 \_\_\_\_\_  
 Signature of an officer or director

Joseph Steele, PresidentPrinted 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.

  
 \_\_\_\_\_  
 Signature of Registered Agent

8/27/2020Date

If signing on behalf of an entity:

Bill Havre, Secretary of Registered Agents 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

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