

Electronic Filing Cover Sheet

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(((H210002583103)))



H210002583103ABCW

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE FAITHFUL TRANSPORTATION GROUP INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	FLORIDA	
	the corporation: FAITHFUL TRANS			
2. The principal	office address: 5416 HIGGINS WA	Y ORLANDO, FL 32808		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 02/24/2020	Document number: P20000	018015	
	d street address of the current registertment of State: (If resigned, enter re	ered agent and registered office on file westigned)	vith the	
	LEGALINC CORPORATE SERVICES INC.			
5237 SUMMERLIN COMMONS SUITE 400				
	FORT MYERS, FL 33907		2021 SEL	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		FILED 2021 JUL 13 AI SEARLEAN DE ALLAHOSSEELE	?	
	Registered Agents Inc.			1 ;
7901 4th St N STE 300 P.O. Box NOT acceptable			8: 05	
	St. Petersburg FL 33702	·	- S	
The street addr as changed will	ess of its registered office and the s be identical.	treet address of the business office of i	its registered agent,	
Such change w authorized by t	as authorized by resolution duly ad he board, or the corporation has bee	opted by its board of directors or by an en notified in writing of the change.	officer so	
HOWAR.	D FER LUSON ire of an officer or director	HOWARD FERGUSON, Director Printed or typed name and title		
I further agrée performance of	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and cor and accept the obligation of my positio o reflect a change in the registered offi fied in writing of this change.	m as registered	
Bel Kome		07/02/2021		
•	mature of Registered Agent	Date		
Bill Havre	chalf of an entity:			
	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *