

P92000 001093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

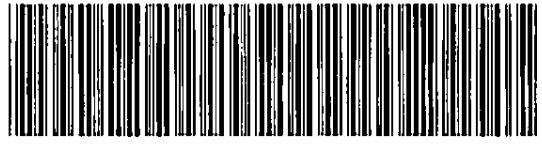
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

R/A - CA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: CHRISTOPHER TRUCKING INC.  
Name of Corporation

DOCUMENT NUMBER: P92000001093

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:

LYNETTE CHRISTOPHER  
Name of Contact Person

CHRISTOPHER TRUCKING INC.  
Firm/Company

3133 AVALON RD  
Address

WINTER GARDEN, FL 34787  
City/State and Zip Code

lynette.cti@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynette Christopher at 407 654-3964  
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: CHRISTOPHER TRUCKING INC.

2. The principal office address: 3133 AVALON RD, WINTER GARDEN, FL 34787

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/30/1992 Document number: P92000001093

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)

ETHEL M. CHRISTOPHER

3133 AVALON RD

WINTER GARDEN, FL 34787

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

LYNETTE CHRISTOPHER

3133 AVALON RD

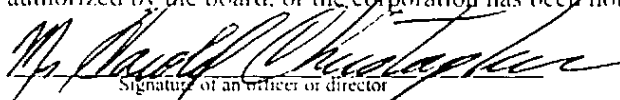
P.O. Box NOT acceptable

WINTER GARDEN, FL 34787

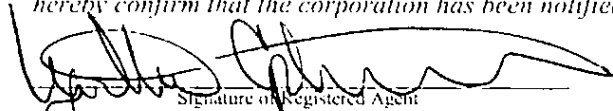
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 HAROLD CHRISTOPHER  
Signature of an officer or director Printed or typed name and title D

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 Date 7-15-19

If signing on behalf of an entity:

LYNETTE CHRISTOPHER  
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