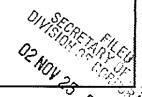
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	· व्य ूतः क्र
SUBJECT: Registered Agent Name & Address Change	<u> </u>
(Name of corporat	ion)
DOCUMENT NUMBER: P93000029694	<u></u>
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
Donna Bateman	.=
(Name of person)	
Nationwide Auto Transport, Inc.	47
(Name of firm/company)	<u> </u>
5912 New Kings Road	
(Address)	<u></u>
Jacksonville, FL 32209	== -· .
(City/state and zip code)	<u> </u>
For further information concerning this matter, please call:	~
Donna Bateman at / 904	766-8572
(Name of person) (Area cod	e & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tollahassee FL 32314 Street Address: Amendment Section Division of Corporation 409 E. Gaines Street Tollahassee FL 32314	·

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

	-		502, $60\overline{L}$ 1508, or 617.1500 rganized under the laws of t	
Florida	· •		office or registered agent, o	•
of Florida.	the corporation:			
		5912 New Kings Road		Q (5)
2. The principal	. 011100 00010005	Jacksonville, FL 32209,	US _	E .
3. The mailing	address (if differ	ent):		Gr.
4. Date of incor	poration/qualific	ation: 4/22/93	Document number:	P93000029694
	d street address ortment of State:	of the current registered a	gent and registered office or	n file with the
	Raxco, Inc. c/o	James A. Nolan, III		<u> </u>
	50 North Laura	Street, Ste. 3300		
	Jacksonville, Fl	32202	_	_
6. The name as changed):	nd street address James A. Nolan	_	gent (if changed) and /or r	egistered office (if
	1 Independent D	Prive, Suite 2000 (P.O. Box or personal mailbox N	(OT accountable)	
•	Jacksonville, FL	•		
The street addreagent, as change	ess of its register ed will be identi	red office and the street a	address of the business offic	e of its registered
Such change wa authorized by the	as authorized by he board, or the	resolution duly adopted progration has been not	by its board of directors or ified in writing of the chang	by an officer so ge.
(Signature of an officer	chairman or vice chair	Har	rold A. Shafer, PSD (Printed or typed name and title	
I further agree performance of registered agen	to comply with t my duties, and h t. Or, if this doc	he provisions of all statu I am familiar with and ac cument is being filed mer	l agree to act in this capacities relative to the proper accept the obligation of my prely to reflect a change in this seen notified in writing of	ty. nd complete osition as se registered
If signing on behal	65 A.Ne	SLAW	PRESIDENT	
(1	Typed or Printed Name)		(Capacity)	

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