P96000018459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: KENCO	TRUCKING INC									
DOCUMENT NUMBER: P 9 6 0 0 0 0 18 4 5 9										
The enclosed Articles of Amendment and fee are subm	mitted for filing.									
Please return all correspondence concerning this matter	er to the following:									
5 AN ANA (Name of Conta	oct Person)									
(ivaine of Contact Person)										
- KENED THE	OCKING INC									
(Firm/Company)										
The Committee of the Co										
(Address) Control (Address) Co										
01, 1040 FL 32818										
(City/ State and Zip Code)										
For further information concerning this matter, please call:										
(Name of Contact Person)	at (. 407) 528 - 9/12 (Area Code & Daytime Telephone Number)									
Enclosed is a check for the following amount:										
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)									
Amendment Section A Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle									

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2008

\$ANDRA STRICKLAND KENCO TRUCKING, INC. 4008 DORWOOD DR ORLANDO, FL 32818

SUBJECT: KENCO TRUCKING, INC.

Ref. Number: P96000018459

We have received your document for KENCO TRUCKING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 808A00029521

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BRAY 27 AM 8: 00

ECRETARY OF STATE

THASSEE. FLORID

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

statement of cha	provisions of sec inge is submitted ir to change its re	for a corporat	ion organiz	ed under t	he laws of t	he State of $_$	FLOR	_	
1. The name of	the corporation:_ office address:_	KEN	10	TAUCE	KING	INC.			
2. The principal	office address:_	4608	0010	2000	DAID	<u>E</u>		····	
		ONIA	10	FL	33818				
3. The mailing a	address (if differe	ent):							
4. Date of incor	poration/qualific	ation: 3/1/1	1996	Docui	ment numbe	er: P9 6	0000	184	59
5. The name and	l street address ortment of State:								
	KENA	TETH	0. 3	TAIC	KIAN	0	_		
	400	8 000	10000	011	06		_		
		LANSO						80	± 9:
6. The name and (if changed):	d street address o	_	_	_		_		08 MAY 28	URETAR
		ANONA 008 O	571	KKL	AND		_		480 464 764
	<u> </u>	008 0	01000	0 0.	1100	<u> </u>	_	AH 11: 19	OR A
		(P.O. Box NO) i acceptable)					9	100
		NIAV					-		
The street addr as changed wil	ess of its registe I be identical.	red office and	the street a	ddress of	the busines	ss office of it	ts registe	ered a	gent,
Such change wauthorized by t	as authorized by he board, or the	resolution du corporation h	ily adopted as been not	by its boa	ard of direct riting of the	tors or by an e change.	officer	so	
Lennette Signal	D Star Cha	rector)		Lexive	Printed or	typed name and	fitle)	·-··	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointmer to comply with nd I am familiar ing filed merely s been notified i	nt as registered the provisions with and acce to reflect a ch n writing of th	d agent and of all statu ept the oblig lange in the his change.	l agree to tes relativ gation of i registere	act in this we to the promy position add office add	capacity oper and con as registere dress, I hered	nplete p ed agent by confi	erforn Or, rm tha	nance if this it the
Sudra	ignáture of Registered	Agent			5/15/	(Date)			
If signing on b	ehalf of an entit	y:							
	Typed or Printed Nan	ne)	·						
		***F	ILING FE	E: \$35.00	***				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)