0000/2567

P.T. Moving Services, Inc. 1621 Palm Ave

Examiner's Initials

•	· · · · (Use Only
WINDLESS OF THE STATE OF THE ST	ANTE(S) & DOCUMENT NUMBER(S), (if known):
1Com	ration Name) (Document #)	
•	ration Name) (Document #)	
3(Corp	ration Name) (Document #)	SECR F
4(Corp	ration Name) (Document #)	TARSES
☐ Walk in	Pick up time Certified Co	SECRETARY OF STATE OF STATE OF STATE
	Will wait Photocopy Certificate	of Status
NEW FILINGS	AMENDMENTS	35
Profit	Amendment	02513499- 5/06798-01077-009
NonProfit	Resignation of R.A., Officer/ Director	*****35.00 *****35.
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	Foreign	
Name Reservation	Limited Partnership	-
	Reinstatement	
	Trademark Q A	Charge 5-15-98
	Other	F 1200

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.				
1a. The i	name of the corporation is:	РТ	MOVING SERVICES, INC.	
1b. Date	of incorporation 2-6-97		Document number P97000012567	
2. The	name and address of the curre		gistered agent and office:	
3. The na	201 Haves Street, Tallahasse ame and address of the new re (P.O. Box Not Acceptable) Peter Thomas	e, F	L 32301	
1621	Palm Avenue, DeLand, FL 32	2724	ORIE ORIE	
of its reg Such cha	istered agent as changed will b	oe ide	d the street address of the business office entical. Sulphysical duly adopted by its board of directors or by	
_//	to The		Peter Thomas, President	
	SIGNATURE	_	Typed or printed name and title	
	DATE			
PROCES IN THIS (AGENT A WITH TH PLETE P	S FOR THE ABOVE STATED (CERTIFICATE, I HEREBY ACC AND AGREE TO ACT IN THIS (IE PROVISIONS OF ALL STATI	CORF EPT CAPA UTES S, AN	GENT AND TO ACCEPT SERVICE OF PORATION AT THE PLACE DESIGNATED THE APPOINTMENT AS REGISTERED CITY. I FURTHER AGREE TO COMPLY RELATIVE TO THE PROPER AND COMPLY ID I AM FAMILIAR WITH AND ACCEPT GISTERED AGENT.	
		GNA ⁻ ATE	TURE (Registered Agent) Peter Thomas	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (7-91) FILING FEE: \$35.00