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Lindsay, Andrews, Leonard & Stingerland

A PROFESSIONAL ASSOCIATION

ATTORNEYS AT LAW

P.O. BOX 586

MILTON, FLORIDA 32572

CR2E031(7/97)

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Profit	Amendment	· · · · · · · · · · · · · · · · · · ·
☑ Not for Profit☑ Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	☐ Limited Partnership☐ Reinstatement	
	Trademark	
	Other	
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 1999

LINDSAY, ANDREWS ETAL ATTORNEYS AT LAW P.O. BOX 586 MILTON, FL 32572

SUBJECT: SIDEKICK TRAILERS, INC.

Ref. Number: P98000076035

We have received your document for SIDEKICK TRAILERS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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) 487-6908.

Anna Chesnut Corporate Specialist

Letter Number: 799A00055556

file date

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

	e provisions of sections 60% orporation organized under				Florida Statute.	s, the
	lowing statement in order to				agent, or both, i	in the
State of Florida			. •••	Ü		
1. The name of	the corporation is: S	sidekick Trails	ers Inc.			
			4/5			±·
2. The mailing	address of the corporation i	is: 5700 1	ndustrial	Blvd.,		
		Milton	, Florida	32566	<u> </u>	
3. Date of inco	rporation/qualification: Se	eptember 1, 199	8 Docume	ent number:	P9800007603	5
4. The name an	d address of the current reg	istered agent and o	office:			
	Amerilawyer		- 57	······································	99 7ALL	
	343 Almeria Ave	enue			NO THE	
	Coral Gables, F	enue L 33134	As E.	:	ASS	
5. The name an	d address of the new registe	ered agent and offi	ce: (P. O. B	ox Not Acce	ntable)©	m
	T.A. Leonard		71 B : III		PH 12:	Ö
	124 Willing Stre	et			NIE A	
	Milton, FL 3257	70				
The street addr agent, as chang	ess of its registered office ed, will be identical.	and the street add	dress of the	business off	ice of its regist	ered
Such change wathorized by	as authorized by resolution he board.	n duly adopted by	y its board o	of directors of	or by an officer	so
(Signature	of an officer, chairman or vice ch	vairman of the hoord)			5-99	
	rley Irwin			(r	Jate)	
***************************************	(Printed or typed name and	title)	Sharing and account of		-	
Having been no corporation, I l I further agree performance of registered agen	med as registered agent of hereby accept the appoints to comply with the provisi fmy duties, and I am fami	and to accept some	rice of proce I agent and Is relative to Ept the oblig	ess for the all agree to act the proper c gation of my	bove stated t in this capacit and complete position as	y.
	KVIA-		- · · - /	4-8-99	}	
TO COS	ignature/of Registered Agent)		a <u>a.</u> .	(Date)		
If signing on beha	If of an entity:		· ·			
(Typed or Printed Name)	· · · · · · · · · · · · · · · · · · ·	/ ************************************	(Capacity)		، تعادد

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