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ACCOUNT NO. : I2000000195

REFERENCE : 119676

7851416

AUTHORIZATION :

COST LIMIT

ORDER DATE: March 5, 2012

ORDER TIME : 9:19 AM

ORDER NO. : 119676-076

CUSTOMER NO: 7851416

CHANGE OF AGENT

NAME: FIGG TRANSPORTATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER:

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

statement of c		ized under the laws of the State of Florida ered agent, or both, in the State of Florida.	
	of the corporation: FIGG TRANSPORTA		
2. The princip	pal office address: 424 N. Calhoun Street	, Tallahassee, FL 32301-1230	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 09/16/1998	Document number: P98000080183	
	and street address of the current registered appartment of State:	gent and registered office on file with the	
	Robert A. Pierce		
	123 South Calhoun Street		
	Tallahassee, FL 32301-1517		
6. The name a (if changed)	and street address of the new registered agen		ä
	Corporation Service Company		
	1201 Hays Street	12 MAR -7 PM 12:	77 E.
	(P.O. Box NOT acceptable)	70	
	Tallahassee, FL 32301		,3
The street add as changed w	dress of its registered office and the street ill be identical.	address of the business office of its registered agent,	۲۰ ۰ د
Such change authorized by	was authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
My (Sign	acture of an officer or director)	Maureen Cathell, Vice President (Printed or typed name and title)	
l further agre of my duties, i document is b corporation h	and I am familiar with and accept the obli being filed merely to reflect a change in th as been notified in writing of this change.	ites relative to the proper and complete performance gation of my position as registered agent. Or, if this eregistered office address, I hereby confirm that the	
By:	ition Service Company	March 5, 2012	
<u> </u>	Signature of Registered Agent)	(Date)	
If signing on l	behalf of an entity:		
Grace E. Ki	rby, Assistant VP		
	(Typed or Printed Name) * * * FILING FE	F. \$25 00 * * *	
	THE THE	EL WOOTV	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)