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PEGGYS AUTO TRANSPORT INC. 834 NW 12 AVE DANIA, FL 33004 Michigan - 1-800-884-0990 Florida 1-954-923-6510 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Will wait Photocopy Mail out 000002920880--8 -07/01/99--01063--013 AMENDMENTS NEW FILINGS *****35.00 *****35.00 Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other

CR2E031(1/95)

Examiner's Initials

Florida Department of State, Jim Smith, Secretary of State

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,

Florida Statutes, the undersigned corporation organized under the laws of the State of υ Clo A submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is:-Document number 99 0000 56316 1b. Date of incorporation The name and address of the current registered agent and office: 3. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) 3300 The street address of its registered agent and the street address of the business office of its registered agent as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Mayout Vildan

(Registered Agent)

DATE 10/29/49

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

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