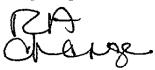
## P99000110932

(Requ	uestor's Name)	
(Addı	ess)	
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PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docs	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	lina Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION



## **COVER LETTER**

1

TO: Amendment Section Division of Corporations	
SUBJECT: State Line Travel Centers, Inc. (Name of Corpo	
DOCUMENT NUMBER: P99000110932	
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.
Please return all correspondence concerning this matter to t	the following:
Lori Sumner	
(Name of Contact	t Person)
Timothy J. Warfel, Attorney a	at Law
2015 Centre Pointe Boulevar (Address)	rd, Suite 105
1315 Lemond Street, Tallahass (City/State and Zi	
For further information concerning this matter, please call:	
Timothy J. Warfel at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departmen	it of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 statement of change is submitted for a corporation organized under the laws of the State of Florida	iis
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: State Line Travel Centers, Inc.	DIVIS
2. The principal office address: 1315 Lemond Street, Tallahassee, FL 32308	AUG 2
3. The mailing address (if different): Post Office Box 455, Tallahassee, FL 32302	72
4. Date of incorporation/qualification: 12/27/1999 Document number: P99000110932	2
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	_
John Pat Krause	
3628 Pine Tip Road	
Tallahassee, FL 32312	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Larry G. Elliott	
2910 Kerry Forest Parkway	
(P.O. Box NOT acceptable) Tallahassee, FL 32309	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	ed agent,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	<b>&gt;</b>
DeLacey Peavy, III, President (Printed or typed name and fitte)	
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 per of my duties, and I am familiar with and accept the obligation of my position as registered agent, document is being filed merely to reflect a change in the registered office address, I hereby confirm corporation has been notified in writing of this change.	formance Or, if this 1 that the
Signature of Registered Agent)  Signature of Registered Agent)  Solution  Signature of Registered Agent)	
If signing on behalf of an entity:	
(Typed or Printed Name)	
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314