5/4/2015 1:23:16 PM From: Division of Corporations

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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (850)205-8842

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:
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REGISTERED AGENT CHANGE LYNN TRUCKING INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations						
LYNN TRUCKING INC.						
SUBJI	LYNN TRUCKING INC. Name of Corporation					
DOCL	MENT NUMBER:					
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
	return all correspondence concerning this matter to the following:					
	Victoria L. Tkuch					
	Name of Contact Person					
	LYNN TRUCKING INC.					
Firm/Company						
9673 Harrison Rd Suite 107						
	Address					
	Romulus, Ml 48174					
	City/State and Zip Code					
	vicki@lynntrucking.com					
	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter, please call:					
Victori	a L Tkach 734 946-4033					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department 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

CR2E045 (03/12)

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

statement of ch	ange is submitted	for a corporation orga	92, 607,1508, or 617,1508, Florida S nized under the laws of the State of _s tered agent, or both, in the State of F	Florida	
1. The name of	the corporation:	YNN TRUCKING INC.			
2. The princips	al office address: 7	314 WINDSOR MILL R	D		
3. The mailing	address (if differe	:nt):			
4. Date of inco	rporation/qualific	ation: 10/19/1990	Document number: \$21344		
		f the current registered if resigned, enter resign	agent and registered office on file w ed)	rith the	
	PRIOR, DONAL	.DW.			
	7314 WINDSOF	MILL RD			
	HUDSON, FL 3	4667			i)
6. The name as (if changed)		f the new registered age	ent (if changed) and /or registered of	Fince PH 12: 02	
	C T Corporation	System			المحتونة
	c/o C T Corpora	tion System, 1200 South I	Pine Island Road		
		P.O. Box NO	T acceptable		
	Plantation, Flori	da 33324			
			address of the business office of it d by its board of directors or by an otified in writing of the change.		n i,
authorized by	the board, or the	corporation has been no	otified in writing of the change.		
Julous	Aure of an officer or dire	<u>L</u>	Victoria L. Tkuch , President Printed or typed name and til		
_		7	nd agree to act in this capacity. Intes relative to the proper and con accept the obligation of my position lect a change in the registered offic in writing of this change.		
By:	rporation System	Missle Charinond	5/4/2015		
	ignature of Registered /	Sea	Dute		
If signing on b	ehalf of an entity	:			
	Chouinard				
	Typed or Printed Name	* * * FILING F	EE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)