Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (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 HOST TERMINALS, INC.

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

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3/5/2014

COVER LETTER

TO:	Amendment Section Division of Corporations					
ei i e	HOST TERMINALS, INC.					
306	Name of Corporation					
noc	F12000001900 UMENT NUMBER:					
	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Pleas	e return all correspondence concerning this matter to the following:					
	Name of Contact Person					
	HOST TERMINALS, INC.					
	•					
	Firm/Company					
	500 E. PLUME ST. STE. 600					
	Address					
	NORFOLK, VA 23510					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For f	urther information concerning this matter, please call:					
	at ()					
	Name of Contact Person at (
Encl	osed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					

CR2E045 (03/12)

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tge is submitted for a corporation organized under the laws of the State of Virginia to change its registered office or registered agent, or both, in the State of Florida.
	ne corporation: Host Terminals, Inc.
2. The principal of Norfolk, VA 2	office address: 500 E. Plume ST. Ste.600
3. The mailing ad	Idress (if different):
4. Date of incorp	oration/qualification: 05/03/2012 Document number: F12000001900
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Davis, William SIII
-	309 1/2 Centre Street, Suite 205
	Fernandina Beach, FL 32034
6. The name and (if changed):	Davis, William SIII 309 1/2 Centre Street, Suite 205 Fernandina Beach, FL 32034 street address of the new registered agent (if changed) and /or registered office C T Corporation System
_	CT Corporation System RA 5
	c/o C T Corporation System, 1200 South Pine Island Road
•	P.O. Box NOT acceptable Plantation, Florida 33324
The street addres	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Significan	to an officer or director Secretary
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm to	he appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and complete By duties, and I am familiar with and accept the obligation of my position as registered In document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
By: 1 C T Copp	oration System 3/4/2014 Date
If signing on beh Sierra Burn Vice Presid	

* * * FILING FEE: \$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)