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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

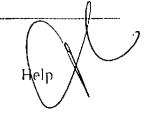
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

REGISTERED AGENT CHANGE **UT-SERVICE TRANSPORTATION INC.**

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

To: 18506176380

statement of cha	ange is submitted for a corporation or	0502, 607,1508, or 617.1508, Florida ganized under the laws of the State of g gistered agent, or both, in the State of I	Wyoming		_
L. The name of	the corporation: UT -SERVICE TRANS	SPORTATION INC.			
	office address: 30 N GOULD ST. SUIT	<u> </u>			
3. The mailing a	address (if different): 2222 PONCE DE	LEON BLVD, 3RD FLOOR, MIAMI, FL 3	3134		_
4. Date of incor	poration/qualification: 11/03/23	Document number: F230000	06400		
	d street address of the current registere rtment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	ith the		
	NORTHWEST REGISTERED AGENT	LLC			
7901 4TH ST N STE 300					
	ST. PETERSBURG, FL 33702		_	_,	
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed): Registered Agents Inc		Tice-	2024 JUN 24		
	7901 4th St N STE 300		- io		177
		. Box NOT acceptable		AH 10:	
	St. Petersburg FL 33702		, <u></u> ;	59	
The street address changed will	ess of its registered office and the str be identical.	ect address of the business office of i	ts registe	red age	nt,
Such change wa authorized by th	as authorized by resolution duly ador he board, or the corporation has been	nted by its board of directors or by an a notified in writing of the change.	officer s	ю	
Oleksandr Kryvoskei		Oleksandr Kryvoshei			
Signatu	re of an officer or director	Printed or typed name and t	itle		
l further ayree i of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	statutes relative to the proper and con obligation of my position as registere a the registered office address, I herei	nplete pe d agent by confir	rforma Or, if t m that t	nce his the
Dani Federa		06/24/2024			
Sig	nature of Registered Agent	Dine			_
If signing on be	half of an entity:				
David Roberts					
Ţ	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *