P180000 87271

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| Certified Copies | _ Certificates | s of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations Hazmat Hub, Inc. Name of Corporation P18000087271 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Brian K. Mathis Name of Contact Person Mathis Law Group Firm/Company 515 E. Las Olas Blvd., Suite 120 Address Ft. Lauderdale, FL 33301 City/State and Zip Code admin@mathislawgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 616-4404

Area Code & Daytime Telephone Number Laura Densford Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address:

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

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

| statement of cha | provisions of sections 607.0502, 617.0 nge is submitted for a corporation or r to change its registered office or res | ganized under the laws of the . | State of Florida |
|-----------------------------------|--|---------------------------------------|--------------------------------|
| 1 The same of t | he corporation: Hazmat Hub, In | C. | |
| 2. The name of t | office address: 8005 NW 80 St. | Unit 1, Miami, FL 331 | |
| 2. The principal | office address. | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incom | poration/qualification: 10/18/201 | 8 Document number: | P18000087271 |
| 5. The name and Florida Depar | I street address of the current register tment of State: (If resigned, enter res | ed agent and registered office igned) | on file with the |
| | Luis D. Lopez | | |
| | 8005 NW 80 St., Unit 1 | | |
| | Miami, FL 33166 | | <u></u> |
| 6. The name and (if changed): | d street address of the new registered | agent (if changed) and /or regi | istered office |
| | Brian K. Mathis | | <u> </u> |
| | 515 E. Las Olas Blvd., Su | ite 120 | |
| P.O. Box NOT acceptable | | (2017年) | |
| - (| Ft. Lauderdale, FL 33301 | | 7, 10 |
| The street address changes will | ess of its registered office and the st be identical. | reet address of the business o | ffice of its registered agent, |
| Such charge W | as authorized by resolution duly ado he board for the corporation has been | nted by its board of directors | or by an officer so |
| $\langle \langle \rangle \rangle$ | xil | Luis Lopez, Presi | |
| | ure of an object or director | Printed or typed | |
| I further agree | t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a his document is being filed merely to that the corporation has been notifi | and appoint the obligation of m | v position as registered |
| Br | · K. Malli | 3/01/2019 | |
| Si | gnature of Registered Agent | Date | ÷ |
| If signing on be | ehalf of an entity: | | |
| | Typed or Printed Name | | |

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