

P220000001500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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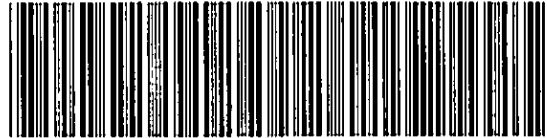
(Business Entity Name)

(Document Number)

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2022 OCT 31 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

11/28/2023

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Scoop Logistics Inc.  
Name of Corporation

DOCUMENT NUMBER: P22000001500

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:

Charles Misuraca  
Name of Contact Person

Scoop Logistics Inc.  
Firm/Company

1728 NE Miami Gardens Dr #252  
Address

North Miami Beach FL 33179  
City/State and Zip Code

CMisuraca@ScooplogisticsInc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Misuraca at ( 619 ) 317-5393  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Scoop Logistics Inc.
2. The principal office address: 1728 NE Miami Gardens Dr. #252  
North Miami Beach FL 33179
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 1/1/2022 Document number: P22000001300
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles Misuraca  
3675 Historic Lane  
West Palm Beach FL 33405

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles Misuraca  
1728 NE Miami Gardens Dr. #252  
North Miami Beach FL 33179

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

Charles Misuraca  
Signature of an officer or director

Charles Misuraca - P  
Printed or typed name and title

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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Charles Misuraca  
Signature of Registered Agent

10-26-22  
Date

If signing on behalf of an entity:

Charles Misuraca  
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  
CR2E045 (04/13)

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