P0300060124

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
0 10 10 10 10 10 10 10 10 10 10 10 10 10
Special Instructions to Filing Officer:





900415973049

09/22/23--01024--014 **35.00

FILED Sep 22, 2023 08:00 AM Secretary of State

nactionpers 200

OCT 1 2 2023

D CUSHING

FILED Sep 22, 2023 08:00 AM TRANSMITTAL LETTER Secretary of State

TO: Amendment Section Division of Corporations

SUBJECT: Kaste I ransportation + Cogistics, INC.
(Name of Corporation)
DOCUMENT NUMBER: <u>PO300060 12+</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person)
Roote Transportationa Cogistics Thuc (Name of Arm/Company)
PO Box 1-1306 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:

Enclosed is a check for \$35.00 made payable to the Florida 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

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Copiq W. Cappe	110 hereby resign as Trasident	-
of Route Transpor	erstations Logistics, Ive.	
P0300060124 (Document Number, if known)	, a corporation organized under the laws of the State of	
Florida		

FILING FEE IS \$35.00

(Signature of resigning of liver/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

FILED Sep 22, 2023 08:00 AM Secretary of State