

641426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

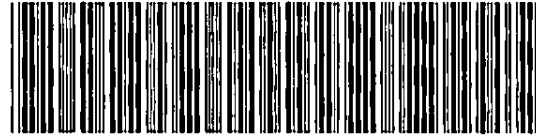
(Business Entity Name)

(Document Number)

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2018 MAY 21 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAY 22 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RAM'S CARGO BROKERS INC  
Name of Corporation

**DOCUMENT NUMBER:** 641426

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:

MARCO MARROQUIN

Name of Contact Person

Firm/Company

4815 NW 79TH AVENUE STE 12

Address

MIAMI, FL 33166

City/State and Zip Code

MARCO@RAMSCARGO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO MARROQUIN

Name of Contact Person

at ( 305 ) 591-8277

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RAM'S CARGO BROKERS, INC
2. The principal office address: 4815 NW 79TH AVENUE STE 12, MIAMI FL 33166
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/03/1979 Document number: 641426

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)

ESCOBAR ROGER, JORGE A

3900 NW 79TH AVENUE SUITE 430

MIAMI, FL 33166

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

4815 NW 79TH AVENUE STE 12

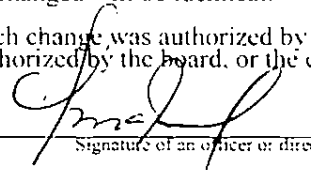
P.O. Box NOT acceptable

MIAMI FL 33166

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**TALLAHASSEE, FLORIDA**

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

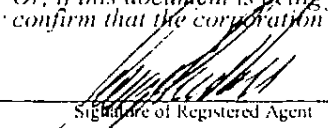
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

MARCO MARROQUIN

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.*

  
\_\_\_\_\_  
Signature of Registered Agent

5/15/2018  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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