



(Requ	estor's Name)	. .		
(Addre	ess)			
(Addre	ess)			
(City/S	itate/Zip/Phone #	/)		
PICK-UP	MAIT WAIT	MAIL		
(Busin	ess Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Fili	ng Officer			





000439187620

11/08/24--01016--013 **70.00

FILED
2024 NOV -8 PH 6: 44
SEC: LEGRY OF STATE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Withers Transfer and Storage of Coral Gables, Inc. Name of Corporation
450.25
DOCUMENT NUMBER: 650135
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:
Taylor Withers
Name of Contact Person
Withers Transfer and Storage of Coral Gables, Inc.
Firm/Company
11431 NW 107 Street, Suite 1
Address
Miami, FL 33178
City/State and Zip Code
taylor.withers@witherstrans.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Taylor Withers at (305)702-7426 Name of Contact Person at (305)702-7426 Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee. FL 32314

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

statement of cha	mge is submitted for a corporation	517,0502, 607,1508, or 617,1508, Flori n organized under the laws of the State r registered agent, or both, in the State	of Florida		
	the corporation: Withers Transfer a		oj rioriaa.		
	office address: 11431 NW 107 Str	······································			<u> </u>
	address (if different):				
4. Date of incor	poration/qualification: January 2.	Document number: 6501	35		
5. The name and		stered agent and registered office on file			_
	Wayne E. Withes, Jr.				
	1104 Hardee Road				
	Coral Gables, FL 33146		- SE	20:	
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or registered	d office	2024 NOV -	[]
	Wayne T. Withers		÷Υ O	ထ	<u>.</u>
	1221 Andora Avenue		EE.	РН 6	
		PO Box NOT acceptable	— <u>—</u> — <u>—</u> — <u>—</u> — <u>—</u> ——————————————————————	7 :9	-
	Coral Gables, FL 33146		—— ئىن	S	
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of	of its regisi	tered ag	gent.
		adopted by its board of directors or by seen notified in writing of the change.			
Man	m DLI	Wayne T. Withers, President			
- 9	re of an officer of director	Printed or typed name a	ind title		_
i nereny accept I further agree , of my duties, an document is bei corporation hus	the appointment as registered as to comply with the provisions of a d I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and the obligation of my position as regist se in the registered office address, I he hange.	complete p ered agent ereby confi	verform ' Or ij irm tha	ance f this t the
Mn	w W	October 31, 2024			
[] -	nature of Registered Agent	Date			-
If signing on be	half of an entity:				
Wayne T. Wither		_			
I,	sped or Printed Name				

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