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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: J22587

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:

Leonidas Meneses

Name of Contact Person

Tracto Diesel Corp

Firm/Company

4277 SW 153rd PI

Address

Miami FI 33185

City/State and Zip Code

leomeneses@hotmail.com

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

For further information concerning this matter, please call:

Leonidas Meneses at (305) 9654340

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

		tered agent, or both, in the State of Florida.
1. The name of	f the corporation: Tracto Diesel Co	Ol Miomi El 2249E
2. The principa	al office address: 4277 SW 153rd I	71 WIIATII FI 33 165
The mailing	address (if different):	
3. The muning	address (if different).	
4. Date of inco	prporation/qualification: 7/7/1986	Document number: J22587
	nd street address of the current registered artment of State: (If resigned, enter resign	
	Leonidas Meneses	
	9794 NW 29 Terr	
	Doral FI 33172	2 2 5
6. The name ar (if changed)	nd street address of the new registered ag:	ent (if changed) and /or registered office
	Leonidas Meneses	
	4277 SW 153rd PL	
	P.O. Box NO Miami FI 33185	T acceptable
The street add as changed wi	ress of its registered office and the stree	t address of the business office of its registered agent
	<i>1</i> / /	d by its board of directors or by an officer so otified in writing of the change.
		Leonidas Meneses
- 1	ture of the officer or director	Printed or typed name and title
l further agree performance o	of the appointment as registered agent as to comply with the provisions of all state of my duties, and it am familiar with and his document is being filed merely to report the corporation has been notified MINN	nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address, I in writing of this change.
		4/28/14
Si	ignature Accessive ed Agent	Date
If signing on b	pehalf of an entity:	
- · · · · · · · · · · · · · · · · · · ·		
	Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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