

K 93490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

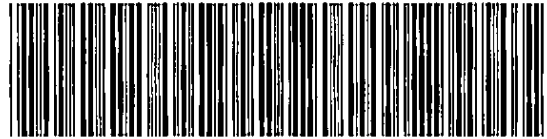
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA COURIER SYSTEMS, INC.
Name of Corporation

DOCUMENT NUMBER: K93490

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:

GONZALO OCHOA
Name of Contact Person
SOUTH FLORIDA COURIER SYSTEMS, INC.
Firm/Company
601 NORTH CONGRESS AVENUE, SUITE 501
Address
DELRAY BEACH, FL 33445
City/State and Zip Code
KAMIL KNOPP @ COURIERSTES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GONZALO OCHOA at (561) 279 2745
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

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: SOUTH FLORIDA COURIER SYSTEMS, INC.
2. The principal office address: 601 NORTH CONGRESS AVENUE, SUITE 501
DELRAY BEACH, FLORIDA 33445
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/07/1989 Document number: K93490

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)

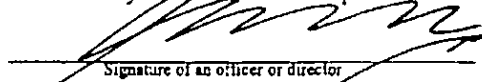
KIMBERLY A. GILMOUR, P.A.
4179 DAVIE ROAD, SUITE 101
DAVIE, FL 33314

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

MF TAX GROUP
8409 N. MILITARY TRAIL, SUITE 119
P.O. Box NOT acceptable
PALM BEACH GARDENS, FL 33410

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

GONZALO OCHOA
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.

Mariela Arroyo
Signature of Registered Agent

10-25-18
Date

If signing on behalf of an entity:

Mariela Arroyo
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 (03/12)

2018 OCT 29 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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