

L13000095069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2013 OCT -9 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT - 9 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2EBOX SHIPPING EXPRESS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANCISCO M PLAZA

Name of Person

2EBOX SHIPPING EXPRESS LLC

Firm/Company

1060 BRICKELL AVE, APT 1917

Address

MIAMI, FL 33131-3920

City/State and Zip Code

ONETYEAR@HOTMAIL.COM

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

For further information concerning this matter, please call:

FRANCISCO M. PLAZA

305

789-4569

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2013

FRANCISCO M. PLAZA
2EBOX SHIPPING EXPRESS LLC
1466 NW 78TH AVE
DORAL, FL 33126-1608

SUBJECT: 2EBOX SHIPPING EXPRESS LLC
Ref. Number: L13000095069

We have received your document for 2EBOX SHIPPING EXPRESS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 613A00021475

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: 2EBOX SHIPPING EXPRESS LLC

2. (a) Principal office address of limited liability company: 1466 NW 78TH AVE, DORAL FL 33126-1608
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 1466 NW 78TH AVE, DORAL FL 33126-1608
(Note: **MAY BE POST OFFICE BOX**)

07/03/2013
3. Date of filing/registration in Florida

L13000095069
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: FRANCISCO M. PLAZA

Registered Office Address: 1060 BRICKELL AVE, APT 1917
MIAMI, FL 33131-3920

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: FRANCISCO M. PLAZA

NEW Registered Office Address: 1060 BRICKELL AVE, APT 1917
(**MUST BE FLORIDA STREET ADDRESS**)
MIAMI, FL 33131-3920

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Francisco Plaza
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
OCT -8 AM 7:10
TALLAHASSEE, FL
DIVISION OF CORPORATIONS