## POCCOCO 39973

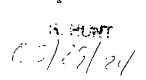
(Req	uestor's Name)	·_·
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PICK-UP	■ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: David Rodriguez Trucking Inc. Name of Corporation	
DOCUMENT NUMBER: P00000039973	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Brenda Rodriguez	
Name of Contact Person	<del></del>
David Rodriguez Trucking Inc.	
Firm/Company	
1218 CR 830-A	
Address	<del></del>
Felda, FL 33930	
City/State and Zip Code	<del></del>
rodriguez_b90@yahoo.com	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, p	please call:
Brenda Rodriguez	31 (239 ) 980-1699
Name of Contact Person	at (239 ) 980-1699  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	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	inge is submitted for a	corporation organ	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida tered agent, or both, in the State of Florida.
1. The name of i	the corporation: David	l Rodriguez Truckin	ng Inc.
2. The principal Felda, FL, 33930	office address: 1218 C	R 830-A	
3. The mailing a	ddress (if different):	P.O. Box 625	
	poration/qualification:		Document number: P00000039973
	I street address of the timent of State: (If resi		agent and registered office on file with the ed)
	Deceased		
6. The name and (if changed):	l street address of the Brenda Rodriguez	new registered age	ent (if changed) and /or registered office
	1218 CR 830-A		
	1210 CK 0.10-71	P.O. Bo	x NOT acceptable
	Felda, FL. 33930	<u></u>	
			address of the business office of its registered agent
Such change wa authorized by th	as authorized by resol he board, or the corpo	ution duly adopted ration has been no	d by its board of directors or by an officer so otified in writing of the change.
who d	le 1/2,		Brenda Rodriguez, President
I hereby accept I further agree of of my duties, an document is bei	to comply with the pri al Lam familiar with a	ovisions of all stat and accept the obl lect a change in th	Printed or typed name and title and agree to act in this capacity. tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the t.
120	de 1		05/14/2024
Sig	nature of Register Deent	<u> </u>	Date
If signing on be	half of an entity:		
Brenda Rodrigue			
T	yped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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