P00000057468

CALL SOFT	
10V/2	1

0/150

(Re	equestor's Name)	
(Ad	dress)	
Ç		
(Ad	dress)	#****
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
Ru	siness Entity Nan	ne)
(50	Sinoss Enery Ivan	
(Do	cument Number)	
		•
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



000008964150

11/14/02--01061--008 **35.00

RA-Chg.

V SHEPARD NOV 2 1 2002

TRANSMITTAL LETTER

SUBJECT: ARTY MARINE TRANSPORT, INC. (Name of corporation) DOCUMENT NUMBER: P00000057468 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: **EVELYN WING** (Name of person) ARTY MARINE TRANSPORT, INC. (Name of firm/company) 8604 N.W. 193 TER. (Address) MIAMI, FL 33015 (City/state and zip code) For further information concerning this matter, please call: ALEJANDRO R. RIZO, SR. (Name of person) (Area code & daytime telephone number) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address: Amendment Section Amendment Section** Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

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 comporation: ARTY MARINE TRANSPORT, INC.
of Florida.
1. The name of the corporation: ARTY MARINE TRANSPORT, INC.
2. The principal office address: 8604 N.W. 193 TER., MIAMI, FL 33015
3. The mailing address (if different):
4. Date of incorporation/qualification:JUNE 14, 2000Document number:P00000057468
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
TERESITA J. RIZO
650 W. 53 ST
HIALEAH, FL 33014
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): EVELYN WING
8604 N.W. 193 TER.
(P.O. Box or personal mailbox NOT acceptable)
MIAMI, FL 33015
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.
ALEJANDRO R. RIZO, PRESIDENT
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title) Thereby account the appointment as recisivered account and account a cost in this comparity.
Thereby 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 adaress, I hereby confirm that the corporation has been notified in writing of this change. (Signature of Acquistered Agent)
If signing on behalf of an entity:
EVELYN WING VICE - Kresident
(Typod or Printed Name) (Capacity)

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