

P01000025153

Flavio Razo

Requester's Name

1010 sal st.

Address

Ocoee FL 34761 (407) 654-4519

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Razo Trucking, CO.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

100003909421--3
-03/26/01--01084--016
*****35.00 *****35.00

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestic
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAR 26 AM 11:40
TALLAHASSEE, FLORIDA
TO THE SECRETARY OF STATE
FROM THE SECRETARY OF STATE
3-26-01
ONS

FILED
01 MAR 26 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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, the undersigned corporation organized under the laws of the State of FL submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Razo Trucking, CO.

2. The mailing address of the corporation : 1010 sal st.
Ocoee Fl. 34761

3. Date of incorporation/qualification: 03/12/01 Document number: PO100025153

4. The name and address of the current registered agent and registered office:

Timoteo Razo
1010 sal st.
Ocoee Fl. 34761

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

Flavio Razo
1610 sal st.
Ocoee Fl. 34761

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01 MAR 26 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

03/26/01
(Date)

Flavio Razo
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[Signature]
(Signature of Registered Agent)

03/26/01
(Date)

If signing on behalf of an entity:

Flavio Razo
(Typed or Printed Name)

(Capacity)

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