

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 #)

100003909421--3

-03/26/01--01084--016

\*\*\*\*\*35.00 \*\*\*\*\*35.00

3. \_\_\_\_\_

(Corporation Name)

(Document #)

4. \_\_\_\_\_

(Corporation Name)

(Document #)

Walk in

Pick up time \_\_\_\_\_

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

**NEW FILINGS**

Profit  
 Not for Profit  
 Limited Liability  
 Domestication  
 Other  
 Domestication  
 Fictitious Name

RA Razo  
3-26-01  
DMS

**AMENDMENTS**

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

**OTHER FILINGS**

Annual Report  
 Fictitious Name

RECEIVED  
DEPARTMENT OF STATE  
FLORIDA  
01 MAR 26 PM 12:01  
EXAMINER'S INITIALS

**FILED**

**REGISTRATION/QUALIFICATION**

Foreign  
 Limited Partnership  
 Reinstatement  
 Trademark  
 Other

Examiner's Initials

# 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  
1010 sal st.  
Ocoee Fl. 34761

01 MAR 26 2012:01  
FILED  
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.

Flavio Razo  
(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.

Flavio Razo  
(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 \*\*\*