PDIOOOSIS

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



500242272795

06/18/13--01004--017 **35.00

FILED
13 JUN 18 AM 8: 25
SEGRETARY OF STATE
TIMELAHASSEE: FLORIDA

JUN 20 2013

R. WHITE

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: RED LOGISTICS CORP

Name of Corporation

DOCUMENT NUMBER

P01000082813

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:

GABRIEL ZNIDARCIC

Name of Contact Person

RED LOGISTICS CORP

Firm/Company

2789 NW 82 AVENUE

Address

DORAL, FL 33122

City/State and Zip Code

gz@redlogistics.com

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

For further information concerning this matter, please call:

GABRIEL ZNIDARCIC

...305 \592-8700

Name of Contact Person

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 corporation: RED LOGISTICS CORP
2. The principal office address: 2789 NW 82 AVENUE DORAL FL 33122
3. The mailing address (if different): 2789 NW 82 AVENUE DORAL FL 33122
4. Date of incorporation/qualification: 8/22/2001 Document number: P01000082813
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
GABRIEL ZNIDARCIC
4976 SW 166 AVENUE
MIRAMAR FL 33122
6. The name and street address of the new registered agent (if changed) and /or registered of face (if changed):
GABRIEL ZNIDARCIC
2789 NW 82 AVENUE
DORAL FL 33122 P.O. Box NOT acceptable P.O. Box NOT acceptable 25 27 27 27 27 27 27 27 27 27 27 27 27 27
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, of the corporation has been notified in writing of the change.
GABRIEL ZNIDARCIC, PRESIDENT Printed or typed name and title
Therebylaccept 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 address, I hereby confirm that the corporation has been notified in writing of this change.
06/10/2013
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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