

PD3600000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6-1609



400157045504

06/12/09--01056--004 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN 12 PM 5:05

FILED

RA
C. Man
[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Transit Lounge Corp
Name of Corporation

DOCUMENT NUMBER: P03000000812

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:

William Edwards
Name of Contact Person

Miami Transit Lounge Corp
Firm/Company

729 SW 1st Ave
Address

Miami, FL 33130
City/State and Zip Code

Will@transitlounge.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Edwards at (305) 377-4628
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: Miami Transit Lounge Corp
2. The principal office address: 729 SW 1st Ave, Miami Florida 33130
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/03/2003 Document number: P03000000812
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)

AGUERO, ISABEL C MS.
711 SW 26 ROAD
MIAMI, FL 33129 US

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

William Edwards
729 SW 1st Ave
P.O. Box NOT acceptable
Miami, FL 33130

2009 JUN 12 PM 5:05
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, or the corporation has been notified in writing of the change.

WJ _____ William Edwards VP
Signature of an officer or director Printed or typed name and title

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. 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.

WJ _____ 6/5/09
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)