

10-Jun-2024 15:18

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P03000152407

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6388

From:

Account Name : EXPRESS MULTI SERVICES CORP
Account Number : I20170000027
Phone : (305)603-9524
Fax Number : (555)555-5555

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Lisbeth.Supertaxplus@gmail.com

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REGISTERED AGENT CHANGE

E.B. TRANSPORTATION SERVICE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

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Corporate Filing Menu

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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: E.B. Transportation Service, Inc.
2. The principal office address: 7061 NW 87th Ave
Miami, FL 33178
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/2003 Document number: P03000152407
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)

Express Data Processing Corp.

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

All Express Tax Multiservices LLC
1275 West 47th Pl Suite 315
P.O. Box NOT acceptable
Hialeah, FL 33012

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.

[Signature]
Signature of an officer or director

Elia Batista President
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.

[Signature]
Signature of Registered Agent

6/10/24
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

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