P04000055964

,
(Requestor's Name)
(Address)
(Address)
(1881888)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
L_{λ}
Certified Copi_s Certificates of Status
Columbia Copilis
Special Instructions to Filing Officer:

Office Use Only



300219727543

02/10/12--01003--023 **35.00

lo cho

SEPRETARSEE FLORIDA

FEB 1'3 2012 T. ROBERTS

7

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MB VI//uge Taxi Inc

Name of Corporation

DOCUMENT NUMBER: PO 40000 55964

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:

Teff My bent Toxi, Fuc.

Name of Contact Person

NBVI/Lege Toxi, Fuc.

Pirm/Company

26/5W27Rh/Miami

Address

Mani, Fl. X33129

City/State and Zip Code

NBVIMGE Toxi Company

Company

Company

Address

Mani, Fl. X33129

City/State and Zip Code

For further information concerning this matter, please call:

Toff Muerin at (305) 381-5117

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

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.
1. The name of ti	he corporation: K B Village Taxi Inc.
2. The principal	office address: 199 NW 79 ST Miami Florida 33150
3. The mailing ac	ddress (if different): 2615w23 RD Miami, Fl. 33129
4. Date of incorp	oration/qualification: March 24, 2004 Document number: PO400055964
	street address of the current registered agent and registered office on file with the transment of State: (If resigned, enter resigned)
	199 NW 79 ST Miami Florida 33150 Je Hrey M Mcdu. H
	261 SW 23 RD Miami, Fl.
	33/29
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
	199 NW 79 ST Miami Florida 33150
	P.O. Box NOT acceptable
	1.0. Box 1401 acceptable
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Magnatur	Jeffrey Martin McDevitt President Printed or typed name and title
l further agree to of my duties, and document is beir	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance If I am familiar with and accept the obligation of my position as registered agent. Or, if this I giled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
- Migra	August 31, 2011 Date Date
If signing on bel	nalf of an entity:
	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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