

P04000106218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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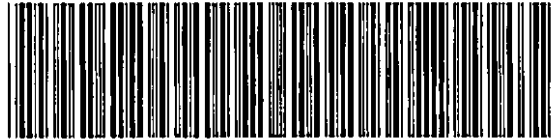
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Adar Transportation & Logistics, Inc.  
Name of Corporation

DOCUMENT NUMBER: PC4600106218

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:

Matthew Roth  
Name of Contact Person

Adar Transportation & Logistics, Inc.  
Firm/Company

5355 Stirling rd Suite G  
Address

Davie, FL 33314  
City/State and Zip Code

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

For further information concerning this matter, please call:

Matthew Roth at ( 954 ) 404-8737  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Adar Transportation & Logistics, Inc.
2. The principal office address: 5355 Stirling rd suite G  
Davie, FL 33314
3. The mailing address (if different): 3389 Sheridan st #183  
Hollywood, FL 33021
4. Date of incorporation/qualification: 7/19/2004 Document number: PD4000100218
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)

~~5955 Stirling rd suite G~~ Matthew Roth  
5955 Stirling rd suite G  
Davie, FL 33314

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

Matthew Roth  
5355 Stirling rd suite G  
Davie, FL 33314

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

Matthew Roth 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

8/7/18  
Date

If signing on behalf of an entity:

[Signature]  
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 32311  
CR2E045 (03/12)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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