## 04000121445

(Requestor's Name)				
(Address)				
(Address)				
(				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
. (Document Number)				
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06/19/10--01024--007

Machanger Heurs 6-22-10

## COVER LETTER:

TO: Amendment Se Division of Cor	ction porations				
SUBJECT: GUISTE TRANSPORTATION, INC.  Name of Corporation					
DOCUMENT NUMB	er: P04	00012121445			
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:					
ANTONY DAVID  Name of Contact Person					
	Name of C	contact Person			
GUISTE TRANSPORTATION, INC.					
	Firm/0	Company			
	D 0 P0	N 550600			
		OX 552609 Idress	<del></del>		
OPA LOCKA, FL 33055 City/State and Zip Code					
City/State and Zip Code					
	•				
E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please	e call:			
ANT	ONY DAVID Contact Person	at ( 305 )	796-2505 me Telephone Number		
Name of	Contact Person	Area Code & Dayti	me 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 So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng . e Center Circle		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607 inge is submitted for a corporation organized u er to change its registered office or registered a	ınder the laws of the State o	of FLORIDA
1. The name of	the corporation: GUISTE TRANSPOR	RTATION INC.	
	office address: 18015 NW 5TH COURT,		
3. The mailing a	address (if different): P.O. BOX 552609		1000
4. Date of incor	poration/qualification: 8/23/2004	Document number:	P0400012121445
	d street address of the current registered agent a treent of State: (If resigned, enter resigned)		with the
	MC SHEENE, HAZEL		
	18015 NW 5TH COURT, MIAMI, FL	33169	
	(RESIGNED)	,	2010 SEC
6. The name and (if changed):	d street address of the new registered agent (if c	hanged) and /or registered	ا ب 🗷
	ANTONY DAVID	<u> </u>	
	18015 NW 5TH COURT, MIAMI, FL		STAL LOR
	P.O. Box NOT accept	table .	TE LE
The street address changed will	ess of its registered office and the street addre be identical.	ess of the business office of	of its registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by it no loard, or the corporation has been notified	ts board of directors or by in writing of the change.	an officer so
Supatu	relet an officer of sector	- ANTONY. DAVID a: Printed or typed name ai	
I further agree of my duties, ar document is be	the appointment as registered agent and agr to comply with the provisions of all statutes r ad I am familiar with and accept the obligation ing filed merely to reflect a change in the regi poen notified in writing of this change.	ee to act in this capacity, elative to the proper and con of my position as registed istered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
- H	nature of Registors Agent	Ands	12010
If signing on be	chalf of an entity:		
7	yped 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 \* \* \*