

P04000121445

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2010 JUN 18 A 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Tewis  
6-22-10

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GUISTE TRANSPORTATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P0400012121445

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

GUISTE TRANSPORTATION, INC.  
Firm/Company

P.O. BOX 552609  
Address

OPA LOCKA, FL 33055  
City/State and Zip Code

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

For further information concerning this matter, please call:

ANTONY DAVID at ( 305 ) 796-2505  
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

*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.*

- (RESIGNED)

- P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature of an officer or director

ANTONY.DAVID as DIR/PRES

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 of Registered Agent

If signing on behalf of an entity:

**Typed or Printed Name**

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

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)