

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : JOHN L. TOMLINSON
Account Number : 119980000017
Phone : (954)771-9336
Fax Number : (954)771-9488

REGISTERED AGENT CHANGE

RALLY TRANSPORT, INC.

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

SECRETARY OF SIME

History with a respective

Composite William

Printe Account Hale

MA. Kapla

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

Pursuant to the prostatement of change in order to	e is submitted fo	r a corporation o		e laws of the Sta	te of F	<u>lorida</u>	
1. The name of the			nsport, In		e oj i norma	•	
2. The principal of		change to	: 7158 SW	47th Stre	et		
			Miami, F	L 33155			
3. The mailing add	ress (if different);					
4. Date of incorpor	ation/qualification	on: 8/26/0	4 Docume	ent number: P	0400012	23192	
5. The name and str Florida Departme		ae current register	ed agent and regis	tered office on f	ile with the		
Reside	ent Agent:	John L.	Tomlinson		Office	::	
		500 NW 6	2nd Street	, Ste 4 55			
		Fort Lau	derdale, Fl	L 33309		TAL SE	
6. The name and str (if changed):	eet address of the	ne new registered	agent (if changed)	and for registere	ed office	CRETAR LAHASS	
Sa	me agent:	John L.T	omlinson			33. 50. 80.	, IT
		500 NW 6	2nd Street,	, Ste 210		13.4°	
		(P.O. Box NOT acces	derdale, FI	L 33309			л Л
		FOEC DAG	derdare, ri	33309	+2 +		íο
The street address as changed will be	of its registered identical.	office and the st	reet address of the	business office	of its regis	tered agent,	
Such change was a authorized by the b	uthorized by recoard, or the cor	solution duly add poration has bee	opted by its board a notified in writing	of directors or l	by an officer	r so	
	In erricer of directo		Zvi Bar	cak. (Printed or typed nam			
I hereby actept the I further agree to co of my duties, and I document is being J corporation has be			t and agree to act statutes relative to obligation of my j n the registered of nge.	in this capacity the proper and position as regi- ffice address, I	e and title) l complete p stered agen hereby conf	performance t. Or, if this irm that the	
John !	5. lon	linson	1	9/19	105	• ————————————————————————————————————	
K signing on behalf	of an entity:	ш		(Date)	,		
			. y Na		, ,	,	
(Typed	or Printed Name) .						