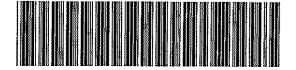
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COVER LETTER

SUBJECT: R	R&S Transportation Inc.	_
	(Name of Corporation)	
DOCUMENT	NUMBER:	
The enclosed S	Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Rene Fernandez	
	(Name of Contact Person)	
	R&S Transportation Inc.	
	(Firm/Company)	
	3115 Stonehurst Circle	
	(Address)	
	Kissimmee, Florida, 34741 (City/State and Zip Code)	
muca to	• •	
For further into	formation concerning this matter, please call:	
Rene Fernanc	dez at (321) 438-5601 (Name of Contact Person) (Area Code & Daytime Telephone Number)	
	\$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

1. The name of	the corporation: R&S Transportation Inc.		
2. The principal	office address: 3115 Stonehurst Circle, K	issimmee, Florida 34741	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification:	Document number: _	P050000333379
	d street address of the current registered agrithment of State:	ent and registered office of	on file with the
	Rene Fernandez		
	3115 Stonehurst Circle, Kissimm	nee, Florida 34741	——————————————————————————————————————
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or regis	AHASSEE, P
	Sammy O. Rosas		
	3115 Stonehurst Circle, Kissimm (P.O. Box NOT acceptable)	ee, Florida 34741	RIDA RIDA
The street addre	ss of its registered office and the street ac be identical.	ddress of the business of	fice of its registered agent,
Such change was	is authorized by resolution duly adopted le board, or the corporation has been notified.	by its board of directors of the cha	or by an officer so
	Past an officer or director)	,	name and title)
hereby accept further agree to if my duties, and locument is bein orporation has	the appointment as registered agent and o comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	agree to act in this capa es relative to the proper ation of my position as re registered office address	city. and complete performance egistered agent. Or, if this , I hereby confirm that the
Sawy	nature of Registered Agent)	10/16/20 Date	306
\ \ / · *	- , - ,	, , , , , , , , , , , , , , , , , , , ,	•

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