## P05000070252

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MĄIL
(Busi	ness Entity Na	me)
(Doce	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer:	





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02/23/15--01018--003 \*\*35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED FILED



## COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARCELPRO OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: P05000070252

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:

RODNEY L DONOHOO

Name of Contact Person

LAW OFFICES OF RODNEY L DONOHOOD PPC

9255 TOWNE CENTRE DRIVE

SUITE 500 SANDIECO, CA 92/2/ City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person at (619) 838-0498

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: PARCELPRO OF FLORIDA, INC.  2. The principal office address: 169 E-FLAGLER STREET  SUITE 822. MIAMI, FL 33131
3. The mailing address (if different): 1867 WESTERN WAY  TORRANCE, CA 90501
4. Date of incorporation/qualification: 511205 Document number: Posocoo7025
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)  (RESIGNED) HENRY BARINAS  169 E. FLAGLER STREET SWITE 8 22
MIAMI , FL 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MARTANA VELASCO SER O MES
169 E. FLAGLER STREET SWITE 800 FIST 22 P.O. Box NOT acceptable MEANE, FL 33131
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.    Concept the change of an officer or director   Printed or typed hame and title
Typed or Printed Name

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