## POS000/3/835

(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations							
SUBJE	CT:Transport	Services of Miam						
		(Name of Co	rporation)					
DOCU	MENT NUMBER: PO.	5000131835						
The end	closed Statement of Change	of Registered Office	Agent and fee are submitted for fil	ing.				
Please 1	return all correspondence co	ncerning this matter	to the following:					
	Raque	l Garcia						
		(Name of Con	tact Person)					
Transport Services of Miami, Inc								
		(Firm/Co	mpany)					
	4050	150 .						
4250 SW 152 Ave								
		(Addr	ess)					
Miami, Florida 33027								
	(City/State and Zip Code)							
For furt	ther information concerning	this matter, please ca	all:					
	Raquel Garcia (Name of Contact F	erson)	at ( <u>786</u> ) <u>301–7772</u> (Area Code & Daytime Telep	hone Number)				
Enclose	ed is a \$35.00 check made p	ayable to the Departr	ment of State.					
	Mailing A	ddress: ent Section	Street Address: Amendment Section					
		of Corporations	Division of Corporation	าร				
	P.O. Box		Clifton Building	<del></del>				
	Tallahass	ee, FL 32314	2661 Executive Center	Circle				
			Tallahassee, FL 32301					

TO:

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

•	•		, 607.1508, or 617.1508, eed under the laws of the .					
	-	•	ed agent, or both, in the	-				
1. The name of the	. The name of the corporation: Transport Services, of Miami, Inc.							
2. The principal of	. The principal office address: 17401 NW 82 CT							
<u></u>		Miami, Florida	33015					
3. The mailing add	dress (if different	):		· · · · · · · · · · · · · · · · · · ·				
4. Date of incorpo	ration/qualificati	on:09/26/2005	Document number: _	P05000131835				
5. The name and s Florida Departn		he current registered age	ent and registered office of	on file with the				
_	17	401 NW 82 CT						
	Miami, Florida 33015							
_				AARA S				
_				ASS.				
6. The name and s (if changed):	treet address of the	he new registered agent	(if changed) and /or regis	stered office				
-	42	50 SW 152 AVe		1:06				
(P.O. Box NOT acceptable)								
_	Miramar, Florida 33027							
The street address as changed will b	s of its registered e identical.	l office and the street a	ddress of the business of	ffice of its registered agent,				
	<b>7</b> 7	solution duly adopted propertion has been noti	by its board of directors ified in writing of the ch	or by an officer so ange.				
<u>Laquel</u>	Joria of anothicer or direct	or)	VicePPresident (Printed or type	& Secretary				
I further agree to of my duties, and document is being	comply with the I am familiar wi g filed merely to	is registered agent and provisions of all statutions of all statutions and accept the obliging reflect a change in the writing of this change.	agree to act in this cape tes relative to the proper gation of my position as a registered office addres	acity.  and complete performance registered agent. Or, if this s, I hereby confirm that the				
(Signa	ature of Registered Ag	ent)	(Dat	e)				
If signing on beha	alf of an entity:							
(Tvi	ned or Printed Name)							

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