P06000016487

(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	#)		
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SECRETARY OF STATE OIVISION OF CORPORATION

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: SPECIAL TRANSPORT FINE ART.I	NC ration)			
ממנו	JMENT NUMBER: P06000016487				
	aclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.			
	return all correspondence concerning this matter to the	_			
	JOSE MOLIE	RI			
	(Name of Contact Person)				
	Muten viri				
		•,			
	8014 NW 90TH ST	REET			
	(Address)				
	Medley, Florida 3				
(City/State and Zip Code)					
For fu	ther information concerning this matter, please call:				
	JOSE MOLIERI at	(305) 8632140			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos	ed is a \$35.00 check made payable to the Departmen	t of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabases El. 23214	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			
	Tallahassee, FL 32314	Tallahassee, FL 32301			

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th inge is submitted for a corporation organized under the laws of the State of FLORIDA or to change its registered office or registered agent, or both, in the State of Florida.		-
	the corporation: SPECIAL TRANSPORT FINE ART.INC		
	office address: 6225 KENDALE LAKE CIR#156 MIAMI, FL 33183		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 2/1/2006 Document number: P06000016487		
	d street address of the current registered agent and registered office on file with the rtment of State:		
	JOSE MOLIERI		
6225 KENDALE LAKE CIR#156 MIAMI, FL 33183			SECR
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		06 MAR -9 PM	RETARY OF STAIL
JOSE MOLIERI T			
8014 NW 90TH STREET (P.O. Box NOT acceptable)			
	Medley, Florida 33166		67
The street addre	ess of its registered office and the street address of the business office of its registered be identical.	ed ager	ıt,
_	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the corporation has been notified in writing of the change.		
MA	ite of an officer of director) Mait Molifer / Vige of an officer of director)	P	_
I hereby accept I further agree of my duties, an document is bei corporation has	the appoinment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. I am familiar with and accept the obligation of my position as registered agent. I hereby confirm in a seeing the property of the change in the registered office address, I hereby confirm to be a seeing the change.	_	ice his he
	gradue of Registered Agent) chalf of an entity:	~	-
- Jos	Pyped or Printed Name)		

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