P06000038736

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
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(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Amendment Section Division of Corporations	•		•
SUB.	JECT: GABLES TRANSPORT INC			
Name	of Corporation			
DOC	UMENT NUMBER: P06000038736			
The e	enclosed Statement of Change of Register	ed Office/Agen	t and fee	are submitted for filing.
Pleas	e return all correspondence concerning th	is matter to the	followin	g:
	I.M. McDonald			
Name	e of Contact Person			
	onald & McDonald			
Firm/	/Company			
POE	Box 669122			
Addr	ess			
Mian	ni, FL 33166-9428			
City/	State and Zip Code			
	dmm@mcdonaldattorneys.c	com		
E-ma	ail address: (to be used for future annu	al report notif	ication)	
For th	urther information concerning this matter.	. please call:		
David	i M. McDonald	at C	305)643-5313 de & Daytime Telephone Number
	Name of Contact Person	··· (.	Area Co	de & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to th	e Department o	of State.	
	Mailing Address: Amendment Section		Address	

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of ch	, ange is submitted for a	corporation organized	7.1508, or 617.1508, Florida Stander the laws of the State of Fl Engent, or both, in the State of Fla	orida			
	The corporation: $\frac{GAB}{}$						
2. The principa	office address: 13399	NW 113TH AVENUE RI	D., MEDLEY, FL. 33178				
3. The mailing	address (if different): _						
4. Date of incorporation/qualification: 03/16/2006 Document number: P06000038736							
	nd street address of the artment of State; (If res		and registered office on file with	the			
	ROBERTO C FERNA	ANDEZ					
	13399 NW 113TH AVENUE RD.						
	MEDLEY, FL 33178			. • •			
6. The name at (if changed)		new registered agent (if	changed) and /or registered offic	ce			
	DAVID M. MCDON	ALD, ESQ.		1			
	5600 NW 36TH STR	EET, SUITE 100		%			
	MIAMI, FL 33166-94	P.O. Box NOT	acceptable				
The street add as changed wi	ress of its registered o. Il be identical.	Tice and the street addr	ess of the business office of its	registered agent,			
Such change vauthorized by	vas authorized by reso the board, or the corpo	lution duly adopted by i gration has been notified	ts board of directors or by an o I in writing of the change.	fficer so			
7	811881	RC	BERTO C. FERNANDEZ				
I hereby accept further agree of my duties, a document is b	Sure of the appointment as to the appointment as to to comply with the present I am familiar with eing filed merely to rejust been notified in writers.	ovisions of all statutes) and accept the obligation lect a change in the reg	Printed of typed name and title ree to act in this capacity. relative to the proper and compon of my position as registered istered office address, I hereby				
David (M	Menne A	NO	OVEMBER 30, 2020				
	ignature of Registered Agent behalf of an entity; Typed or Printed Name		Date				
		* * * FILING FEE: \$	35.00 * * *				