## P06000060756

(Requestor's Name)
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A-Butter 10/20121

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: PALLET EXPRESS OF JACKSONVII Name of Corporation	
DOCUMENT NUMBER: P06000060756	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MATTHEW OLIVEIRA	
Name of Contact Person	<del></del>
PALLET EXPRESS OF JACKSONVILLE, INC.	
Firm/Company	
7779 HAMMOND BLVD.	
Address	
JACKSONVILLE, FL 32220	
City/State and Zip Code	
palletexpressmatt@yahoo.co	m
E-mail address: (to be used for future annua	i report notification)
For further information concerning this matter, p	please call:
MATTHEW OLIVEIRA	at ( <sup>904</sup> )687-5928 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Amenament Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2021

MATTHEW OLIVEIRA
PALLET EXPRESS OF JACKSONVILLE, INC
7779 HAMMOND BLVD.
JACKSONVILLE, FL 32220 US

SUBJECT: PALLET EXPRESS OF JACKSONVILLE, INC.

Ref. Number: P06000060756

We have received your document for PALLET EXPRESS OF JACKSONVILLE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

\* Correction Attached\*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 721A00023736

Anissa Butler Regulatory Specialist II

www.sunbiz.org

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

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florid on organized under the laws of the State of	of FLORIDA
		or registered agent, or both, in the State o	f Florida.
	the corporation: PALLET EXPRE		
2. The principal	office address: 7779 HAMMONI	D BOULEVARD, JACKSONVILLE, FLOR	JDA, 32220
3. The mailing a	ddress (if different):		
4. Date of incorp	ate of incorporation/qualification: 4/28/2006 Document number: P06000060756		
	I street address of the current regitment of State: (If resigned, ente	istered agent and registered office on file r resigned)	with the
	HAMILTON & BUTTNER, P.A.		
	4729 HIGHWAY 17, SUITE 203		
	ORANGE PARK, FLORIDA 32	003	207
6. The name and (if changed):		ered agent (if changed) and /or registered	1800 mm
	William A. Hamilton, I	III, P.A D/b/a Hamilton &	Hartin, P.A.
	3168 HIGHWAY 17, SUITE A		
	FLEMING ISLAND, FLORIDA	P.O. Box NOT acceptable 32003	
The street address changed will	ess of its registered office and the be identical.	te street address of the business office of	fits registered agent.
Such change wa authorized by th	is authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	an officer so
Il Bethew Co	luci,	MATTHEW OLIVEIRA/PRESI	DENT
, , , , , , , , , , , , , , , , , , , ,	te of an other or director  the appointment as registered of to comply with the provisions of d I am familiar with and accept no filed merely to reflect a chan feen notified in writing of this	Printed or typed name an agent and agree to act in this capacity. I all statutes relative to the proper and content the obligation of my position as registed by in the registered office address, I here change.	
	$\lambda D_{\gamma}$	AUGUST 24, 2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
GERALDINE C.	· · · · · · · · · · · · · · · · · · ·		
Т	sped or Printed Name  * * * FIL	ING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)