

PO6000126146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

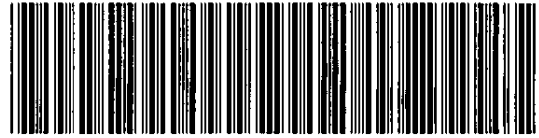
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Address
Change

11/05/09--01012--004 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV -5 PM 3:57

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11/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LTA LOGISTICS, Inc.
Name of Corporation

DOCUMENT NUMBER: P060000126146

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:

Lester Trimino, Jr.
Name of Contact Person

LTA LOGISTICS, Inc.
Firm/Company

14331 SW 120th STREET #203.
Address

Miami, FL 33186.
City/State and Zip Code

Annette@LTAlogistics.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lester Trimino. at (786) 251-1209.
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
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: LTA Logistics, Inc.
2. The principal office address: 14331 SW 120th Street #203
Miami, FL 33186.
3. The mailing address (if different): PO Box 961235, Miami, FL 33296
4. Date of incorporation/qualification: _____ Document number: PO6000126146
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)
Trimino, Lester Jr.
15840 SW 53rd
Miami, FL 33185

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Trimino, Lester Jr.
14331 SW 120th Street
Miami, FL 33186

P.O. Box NOT acceptable

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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.

[Signature]
Signature of an officer or director

Annette Trimino
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

10/30/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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