

007000028230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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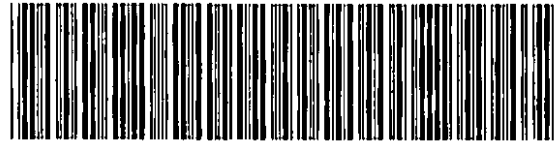
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: CHOICE TRANSPORTATION SERVICE
Name of Corporation

DOCUMENT NUMBER: P07000028230

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:

CHARLES P JADOS JR
Name of Contact Person

CHOICE TRANSPORTATION SERVICE
Firm/Company

1400 SW 10TH ST
Address

FORT LAUDERDALE FL 33312
City/State and Zip Code

CHOICE TRANS & BELL SOUTH, NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES JADOS at: 954 2426769
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CHOICE TRANSPORTATION Service Inc.
2. The principal office address: 1400 SW 10TH ST FT LAUD FL 33312
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10 8 2009 ^{3/5/2007} Document number: PO7000028230

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)

MICHAEL JADOS
1400 SW 10TH ST
1400 SW Fort Lauderdale FL 33312

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

CHARLES JADOS
1400 SW 10TH ST
P.O. Box NOT acceptable
FT LAUD FL 33312

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SECRETARY OF STATE

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.

Michael Jados
Signature of an officer or director

MICHAEL J JADOS, P
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.

Charles Jados Jr
Signature of Registered Agent

12-12-17
Date

If signing on behalf of an entity:

CHARLES JADOS JR
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32311