Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6380

Account Name : KV CARRIER SERVICES, INC.

Account Number: I20080000029 Phone : (305)883-6262

Fax Number : (305)883-6605

REGISTERED AGENT CHANGE

ALDEN EXPRESS CORP

Certificate of Status	0
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Walley A Corporate Filing Menu

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9/10/2008

COVER LETTER

TO: A	Amendment Section Division of Corporations				
SUBJEC	CT: ALDEN EXPRESS C				
	(N	ame of Corporation)			
DOCUMENT NUMBER: P07000125792					
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:					
YURIZAN PAZ					
(Name of Contact Person)					
Maz					
(Firm/Company)					
10221 N ARMENIA AVE					
(Address)					
	TAMF	A, FL 33612			
(City/State and Zip Code)					
For further information concerning this matter, please call:					
YUF	RIZAN PAZ	at (813) 526-9114			
	(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 Corpor				
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32	314 2661 Executive Center Circle			

Tallahassee, FL 32301

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

statement of chang	ge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FLORIDA	
in order	to change its registered office or i	registered agent, or both, in the State of Florida.	
1. The name of the	e corporation: ALDEN EXPRE	SS CORP	
2. The principal of	office address: 10221 N ARMEN	IIA AVE	
	TAMPA, FL 3	3612	
3. The mailing ad	dress (if different): SAME		
4. Date of incorpo	oration/qualification: 11/21/200	7 Document number: P07000125792	
5. The name and s Florida Departs		ered agent and registered office on file with the	
	ROBERT ALCIN	NDOR HE TO	
	13504 NE 21 C	T SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
_	N MIAMI, FL 33	181 PS T	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
-	YURIZAN PAZ		
_	10221 N ARME	NIA AVE	
	(P.O. Box NOT ac		
-	TAMPA, FL 33	312	
The street address as changed will be	ss of its registered office and the be identical.	street address of the business office of its registered agent,	
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.			
<u> </u>	WW	YURIZAN PAZ/PRESIDENT	
	east an officer or director)	(Printed or typed name and title)	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered ag o comply with the provisions of a i I am familiar with and accept the ne filed merely to reflect a chang pega notified in writing of this c	ent and agree to act in this capacity. It statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
	1/27_	09/10/2008	
(Sign	fure of Registered Agent)	(Date)	
If signing on beh	nalf of an entity:		
Y	URIZAN PAZ		
(ד)	yped 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 32314 CR2E045 (8/05)