From: Kaity Toon Department of State Division of Corporations Electronic Filing Cover Sheet

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Division	C

Division of Corporations Fax Number : (850)617-6380

From:

2024 MAR 12 PH

To:

To:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996



Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE SELECT CARTAGE INC.

Certificate of Status	0
Certified Copy]1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



By:

To:

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

1. The name of the corporation: <u>SELECT CARTAGE INC.</u>

2. The principal office address: 2125 NW 86 Avenue Doral, FL 33122

3. The mailing address (if different):

- 4. Date of incorporation/qualification: 03/05/2008 Document number: P08000023974
- 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)

Gabriela Cavallo		
2125 NW 8.6 AVP	2	
Doral, FL 33122 \$	2024 MAR	اسکنیں
6. The name and street address of the new registered agent (if changed) and /or registered office	12	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
C T Corporation System	AM	

1200 South Pine Island Road

P.O. Box: NOT acceptable

Plantation, Florida 33324

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.

6.1	-Jaime Becker Secretury			
Signature of an officer or director	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.				
CT Corporation System ander Bratan	2/16/2024			
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Candice Pignataro				
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 32314 CR2E045 (04/13)