

POB 0000 4/850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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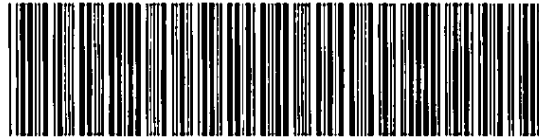
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PRIMEX TRANSPORT INC

Name of Corporation

DOCUMENT NUMBER: P08000041850

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:

YOLANDA MERCADO

Name of Contact Person

PRIMEX TRANSPORT INC.

Firm/Company

1862 NW 82 AVE

Address

DORAL, FL 33126

City/State and Zip Code

YOLANDA@PRIME-TRANSPORT.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOLANDA / ELISA

Name of Contact Person

at (305) 591-0733

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRIMEX TRANSPORT INC.  
2. The principal office address: 1862 NW 82 AVE DORAL, FL 33126

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/24/2008 Document number: P08000041850

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)

RESIGNED

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

BENJAMIN RIOS

18924 NW 57 AVE # 101

P.O. Box NOT acceptable

Hialeah FL 33015

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 of an officer or director

SAM FISCHER/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.

Signature of Registered Agent

03/27/2019

Date

If signing on behalf of an entity:

Typed or Printed Name

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