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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TOMEX TRANSPORT IN C
Name of Corporation
DOCUMENT NUMBER: 08 0000 504 22
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:
Name of Contact Person TOMEX TRANSPORT INC Firm/Company PO BOX 100600 Address PALM Bry FL 32706 City/State and Zip Code Tomex transport@amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nancy Buenviale at 321 775 - 1538 Name of Contact Person Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

* * * FILING FEE: \$35.00 * * *
Toma 52 Chowaniec Typed or Printed Name
If signing on behalf of an entity:
Signature of Registered Agent O8 25 202 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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.
Mancy Buenviale Mancy Buenviale Mancy Buenviale Mancy Buenviale
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.
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Tomasz Chowaniec 261 Wishing Well Cir Sw Palm Bay F1 32708 P.O. BOX NOT acceptable)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Office- 4005 Kings Huy Svite B, Cocoa, FL
Nancy Buenvieje. 253 Tomlinson Rd. Homerville, GA 31634
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)
4. Date of incorporation/qualification: 05/20/08 Document number: 1080000 50422
3. The mailing address (if different): PO Box 100600, PALM Bay, FL 32906
2. The principal office address: 4005 Kings Hwy Svite B CocoaFL
1. The name of the corporation: TOMEX TRANSPORT INC
statement of change is submitted for a corporation organized under the laws of the State of FLORS Q in order to change its registered office or registered agent, or both, in the State of Florida.
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)