P0900002544

(Requestor's Name)	_
(Address)	_
(Address)	-
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
(Document Number)	
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	ı
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Time Transport 's hogistics Corporation	<u> </u>		
DOCUMENT NUMBER: P09 000002844			
The enclosed Statement of Change of Registered Office/Agent at	nd fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	lowing:		
Richard Esparmanza Name of Contact Person	on		
Time Transport & hogistics Firm/Company	s Corp		
1900 NW 129 Are, Ste. 110 Address			
Miemi, FL 33182 City/State and Zip Coo	le		
E-mail address: (to be used for future ann	tual report notification)		
For further information concerning this matter, please call:			
Richard Esparraspea at (Are	106) 348-2110 a Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
_	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Time Transport & hogistics Corp
2. The principal office address: 1900 NW 129 Ave., Ste. 110, Miami, FL 33182
3. The mailing address (if different):
4. Date of incorporation/qualification: 1/9/2009 Document number: P0900002844
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)
Richard, Esparragoza
13465 NW 19 hn
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
1900 NW 129 Ave., Ste. 110 P.O. Box NOT acceptable
Miami, FL 33182
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 office director Richard Esparmanza, Aresident Printed or type I 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.
4/17/18 Signature (2) Signature (2) Signature (2) Signature (2) Signature (3) Signature (4) Signatur
Signature of Redistered Agent If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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