

PO9 0000 15383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

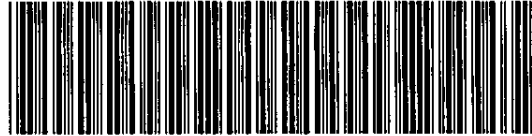
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

OCT 06 2015  
C. CARROTHERS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SANDINO TRUCK SERVICE, CORP

\_\_\_\_\_  
Name of Corporation

P09000015383

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

YOJANDRY SANTANA

\_\_\_\_\_  
Name of Contact Person

SANDINO TRUCK SERVICE, CORP

\_\_\_\_\_  
Firm/Company

10218 NW 125TH ST

\_\_\_\_\_  
Address

HIALEAH GARDENS, FL 33018

\_\_\_\_\_  
City/State and Zip Code

SANDINOTRUCKSERVICE@GMAIL.COM

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

For further information concerning this matter, please call:

YOJANDRY SANTANA

786

314-0948

at ( \_\_\_\_\_ )

\_\_\_\_\_  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: SANDINO TRUCK SERVICE, CORP  
2. The principal office address: 10218 NW 125TH ST , HIALEAH GARDENS, FL 33018

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

4. Date of incorporation/qualification: 02/17/2009 Document number: P09000015383

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)

YOJANDRY SANTANA

2775 W 52ND ST # 209

HIALEAH, FL 33016

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

10218 NW 125TH ST

P.O. Box NOT acceptable

HIALEAH GARDENS, FL 33018

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.

YOJANDRY SANTANA - PRESIDENT

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.*

Signature of Registered Agent

9/29/15  
Date

If signing on behalf of an entity:

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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FL 32314

2015 OCT -5 PM 2:08

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