

P09000078/22

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

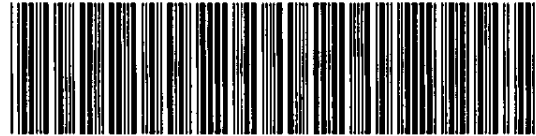
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓

Office Use Only



900247336039

04/29/13--01020--014 \*\*35.00

RA Chang

5-7-13

De

FILED  
13 APR 29 PM 1:59

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Above Avrich, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P09000078122

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:

William G. Avrich

Name of Contact Person

Above Avrich, Inc. (DBA Transport Connection)

Firm/Company

5555 NE Trieste Way

Address

Boca Raton, FL 33487

City/State and Zip Code

transportconnection@gmail.com

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

For further information concerning this matter, please call:

William G. Avrich

Name of Contact Person

at (561) 213-5261

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

1. The name of the corporation: Above Avrigh, Inc.

2. The principal office address: 5555 NE Trieste Way  
Boca Raton, FL 33487

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

4. Date of incorporation/qualification: 09/18/2009 Document number: P09000078122

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)

William G. Avrigh

63 Via Floresta Drive

Boca Raton, FL 33487

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

William G. Avrigh

5555 NE Trieste Way

P.O. Box NOT acceptable

Boca Raton, FL 33487

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.

William G. Avrigh  
Signature of an officer or director

William G. Avrigh, President  
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.*

William G. Avrigh  
Signature of Registered Agent

4/25/13  
Date

If signing on behalf of an entity:

William G. Avrigh  
Typed or Printed Name

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