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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Gold Stay touling Iwa.  Name of Corporation
DOCUMENT NUMBER: P 1/0000/870/
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:
Sonio Helles Name of Contact Person
Name of Contact Person
Gold Star Hauling INC
Timb Company
5329 36th St E.
Address
Bradenton 71 34203 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
L-mail address. (to be used for future united report nourisement)
For further information concerning this matter, please call:
Name of Contact Person at (941) 915-7643  Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Englaced is a \$25.00 check made payable to the Department of State

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 provisi statement of change is						tatutes, this	
in order to ch	ange its registere	ed office or registe	red agent	, or both, in	the State of Fl	orida.	
1. The name of the coη	poration:	Gold S	tar	Haulin	g, INC		
2. The principal office	address:5	329 3	6+4	<u></u>	<u>*</u> .		
-	<u>B</u>	ra den tor	, 71	3%	203		
3. The mailing address	(if different):	Same	<b>6/</b> >	Abou	<b>?</b>		
4. Date of incorporation	n/qualification:_	2/22/1	Doc	ument numb	er: <u>P//</u>	0000 1870	1/
5. The name and street Florida Department of	address of the cu of State: (If resig	urrent registered ag ned, enter resigned	gent and re	egist <del>ere</del> d offi	ce on file with	ı the	u.
	Victor	M. Nei	152				
***************************************	2900	med, enter resigned  M. Neu  Leonar  Ota, FL		Roil	Anie		
_		ale C	<u>ں</u>	12211	100		ACTUAL TO THE PARTY OF THE PART
	_> uras	ota, FC	_ 34	123 <u>4</u>	<del></del>		The State of
6. The name and street : (if changed):			(	ed) and /or n	egistered offic		, 2
	Motor P	1. Neyr	<u>~</u>			0	(س)
	5329	36+4 5	4. Z	· ·		*	
-	Badente	P.O. Box NOT	•	- 11	•		
	310 dente	m tc	3%	707			
The street address of it as changed will be ider	s registered official.	ce and the street a	ddress of	the business	s office of its	registered agent,	
Such change was authorized by the boar	orized by resoluted or the corpora	tion duly adopted ation has been not	by its boa	ard of direct	ors or by an o	fficer so	
Souick	Min		$\leq$	onia l	Wejin	/ Presiden	A
Signature of an of	,				ped name and title		
hereby accept the app further agree to comp of my duties, and I am locument is being filed corporation has been n	ollument as reg oly with the prov familiar with an Imerely to reflect optified in writin	visions of all statu did accept the oblig ct a change in the gg of this change.	tes relativ gation of i registere	ve to the promy position and office add	per and comp as registered ress, I hereby	lete performance agent. Or, if this confirm that the	
Nig Va					2/11		
Signature of I	Registered Agent	·			Date		
f signing on behalf of	an entity:						
Typed or Pr	rinted Name	<del> </del>					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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