| (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: |  |  |  |  |
|   |  |  |  |  |
| ·                                       |  |  |  |  |
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Office Use Only



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MAR 0.2 2012, T. LEMIEUX

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

|   | EVITOLIC                                   |  |  |  |
|---|--|--|--|--|
| SUBJECT: EVJ TRUCK INC  Name of Corporation |  |  |  |  |
| DOCUMENT NU                                 | MBER:                                      |  |  |  |
| The enclosed States                         | nent of Change of Registered Offic         | e/Agent and fee are submitted for filing.                |  |  |
| Please return all con                       | respondence concerning this matte          | r to the following:                                      |  |  |
|   |  |  |  |  |
| _   | JOSE V                                     |  |  |  |
|   | Name of Co                                 | ntact Person   |  |  |
|   | EVITO                                      | ICK INC  |  |  |
| EVJ TRUCK INC Firm/Company                  |  |  |  |  |
|   |  |  |  |  |
| 1152 W 30 ST                                |  |  |  |  |
|   | Add  | ress   |  |  |
|   |  |  |  |  |
|   | HIALEAH, FL 33012 City/State and Zip Code  |  |  |  |
|   | City/State a                               | 14 21p Code  |  |  |
|   | MONNEYCOUNTS                               | S@YAHOO.COM  |  |  |
|   | E-mail address: (to be used for f          | uture annual report notification)                        |  |  |
| Ear farthar informs                         | tion concerning this matter places.        | nall.  |  |  |
| ror turmer informa                          | tion concerning this matter, please        | can.   |  |  |
|   | JOSE VALDES                                | at ( 786 ) 332-3497 Area Code & Daytime Telephone Number |  |  |
| Nan   | ne of Contact Person                       | Area Code & Daytime Telephone Number                     |  |  |
| Enclosed is a \$35.0                        | 0 check made payable to the Depar          | timent of State.   |  |  |
|   | Mailing Address: Amendment Section         | Street Address: Amendment Section                        |  |  |
|   | Amendment Section Division of Corporations | Amendment Section Division of Corporations               |  |  |
|   | P.O. Box 6327                              | Clifton Building   |  |  |
|   | Tallahassee, FL 32314                      | 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 Statestant statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Flor   | ORIDA                                   |                             |                |
|---|---|-----------------------------|----------------|
| 1. The name of the corporation: EVJ TRUCK INC   |   |                             |                |
| 2. The principal office address: 1152 W 30 ST   |   |                             |                |
| HIALEAH, FLORIDA 33012  | -                                       |                             |                |
| 3. The mailing address (if different):  |   |                             |                |
| 4. Date of incorporation/qualification: APRIL,21,2011 Document number: P11  | 1000038                                 | 761                         |                |
| 5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned)  | the                                     |                             |                |
| 1152 W 30 ST  |   |                             |                |
| HIALEAH, FL 33012   | SECH<br>TALLY<br>TO 38                  | 53<br>55                    |                |
|   |   | #\$.\$0<br>-                | ***            |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   | 124 LA                                  | - AM 9-                     | 14<br>14<br>73 |
| 5765 W 25 CT APT#303  |   | EC.                         |                |
| HIALEAH, FL 33016   | <b>5-</b>                               |                             |                |
| P.O. Box NOT acceptable   |   |                             |                |
| The street address of its registered office and the street address of the business office of its ras changed will be identical.   | egistered a                             | agent,                      |                |
| Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.   | fficer so                               |                             |                |
| JOSE VALDES/ PRES   | IDENT                                   |                             |                |
| Signature of an officer or director  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 comple of my duties, and I am familiar with and accept the obligation of my position as registered adocument is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. | lete perfor<br>agent. Or,<br>confirm th | mance<br>if this<br>aat the |                |
| 02/17/2012  |   |                             |                |
| Signature of Registered Agent Date  |   | _                           |                |
| If signing on behalf of an entity:  |   |                             |                |
| JOSE VALDES 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