

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

Office Use Only



000300322050

06/18/17--01031--038 ••\$55.00

TACA9
JUN 21 2017

COVER LETTER

TO: Amendment Section Division of Corporations

Pucha Transport Corp

Name of Corporation
P12000032269

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:

Jose M Khazam

Name of Contact Person

Pucha Transport Corp

Firm/Company

7661 NW, 107 Ave. Unit 1-414

Address

Doral, FL. 33178

City/State and Zip Code

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

For further information concerning this matter, please call:

Jose M Khazam
Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 cheek made payable to the Department of State.

ik@puchatr.com

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, statement of change is submitted for a corporation or in order to change its registered office or re	rganized under the laws of the State of Florida
1. The name of the corporation: Pucha Transpo	ort Corp
2. The principal office address: 5580 NW, 107	Ave #1201. Doral. FL. 33178
3. The mailing address (if different):	
4. Date of incorporation/qualitication: 04/03/201	2
 The name and street address of the current register. Florida Department of State: (If resigned, enter res 	-
Jose Miguel Khazam Kas	ssis
5580 NW, 107 Ave #1201	1. Doral, FL. 33178
Doral, FL. 33178	
6. The name and street address of the new registered (if changed):	agent (if changed) and or registered office
Jose Miguel Khazam Kas	ssis
7661 NW, 107 Ave. Unit	1-414
	NOT acceptable
Doral, FL. 33178	
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent.
Such change was authorized by resolution duly ado authorized by the beard or the corporation has been	
(follow)	Jose M Khazam Kassis / President
Signature of an officer or director	Printed or typed name and little
I hereby accept the appointment as registered agen I further agree to comply with the provisions of all a performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been notifi	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I
SANCO	06/13/2017
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Typed or Primed Name	

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