

4/24/24, 10:38 AM

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Division of Corporations
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From:
Account Name : INCORP SERVICES INC
Account Number : 120120000007
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Fax Number : (702)900-2290

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REGISTERED AGENT CHANGE
SOUTH FLORIDA FREE RIDE INC.

Certificate of Status	0
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2024 MAY -6 AM 8:30

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H24000149745



April 25, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SOUTH FLORIDA FREE RIDE INC.
4400 NORTHCORP PARKWAY
PALM BEACH GARDENS, FL 33410US

SUBJECT: SOUTH FLORIDA FREE RIDE INC.
REF: P12000088645

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Annette Ramsey
OPS

FAX Aud. #: H24000149745
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COVER LETTER

H24000149745

TO: Amendment Section
Division of Corporations

SUBJECT: South Florida Free Ride Inc.
Name of Corporation

DOCUMENT NUMBER: P12000088645

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:

Patricia Reyes

Name of Contact Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy., Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

managedreports@incorp.com

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

For further information concerning this matter, please call:

Patricia Reyes on behalf of InCorp Services, Inc. at 800-246-2677

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H24000149745

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2024 MAY -6 AM 8:30
TALLAHASSEE, FL

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

H24000149745

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: South Florida Free Ride Inc.
2. The principal office address: 501 E Las Olas Blvd Suite 300, Fort Lauderdale, FL 33301
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/22/2012 Document number: P12000088645
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)

Mirras, Michael5318 SW 22nd PlaceCape Coral, FL 33914

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

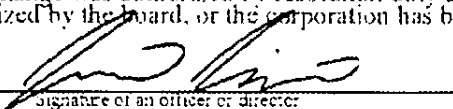
InCorp Services, Inc.3458 Lakeshore Drive

P.O. Box NOT acceptable

Tallahassee, FL 32312

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.



Signature of an officer or director

James Mirras, 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.



Signature of Registered Agent

04/16/2024

Date

If signing on behalf of an entity:

Louise Breitenbach on behalf of InCorp Services, Inc.

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

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 DIVISION OF CORPORATIONS