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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Address:			١.
	Address:	Address:	Address:

## REGISTERED AGENT CHANGE DAVID EXPRESS TRUCKING INC

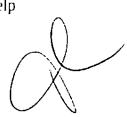
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation orgo	102, 607,1508, or 617,1508. Florida Statu Inized under the laws of the State of <mark>Floric</mark> Istered agent, or both, in the State of Floric	ła	
1. The name of	the corporation: David Express Tru	cking Inc		
	office address: 7901 4th St N STE			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/24/2012	Document number: P12000089	)524	
	d street address of the current registered rtment of State: (If resigned, enter resigned)	agent and registered office on file with the	e	
	CESAR, DAVID		- (₹   <del> </del>	2022
	1129 NW 206TH TER		L <u>A</u>	022 AUG 26
	MIAMI GARDENS, FL 331	.69	₹ Nasi	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	OF STATE	AM 8: 18
	Registered Agents Inc.			
	7901 4th St N STE 300			
	St. Petersburg FL 33702	ox NOT acceptable		
m, II				
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its reg	istered a	igent,
Such change was authorized by the	as authorized by resolution duly adopt he board, or the corporation has been r	ed by its board of directors or by an offic of the change.	er so	
Davi	d Cesar	David Cesar, President		
I hereby accept I further agree of my duties, ar document is be	re of an officer or director  the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ol- ing filed merely to reflect a change in to s been notified in writing of this chang	itutes relative to the proper and complete digation of my position as registered ago he registered office address. I hereby co	e perfori int. Or, nfirm the	nance if this at the
Bell Ham		8/26/22		
Sig	nature of Registered Agent	Date		
If signing on bo	half of an entity:			
Bill Havre	yped 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 CR2E045 (04/13)