P12+000089575

(Re	equestor's Name)	<u>-</u> .		
(Ac	ldress)	· · · · ·		
(Ac	ddress)			
(C)	ty/State/Zip/Phone	#)		
PIÇK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



200271431462

04/10/15--01014--012 **35.00

15 APR 10 PM 2: 40

FILED SECRETARY OF STATE ALLAHASSEE, FLORIDA

APR 13 2015 T. CARTER

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: ALL AMERICAN VAN LINES FL INC

Name of Corporation

DOCUMENT NUMBER, P12000089575

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:

HARRY M SAMUELS

Name of Contact Person

REGISTERED AGENTS OF SO FLA

Firm/Company

2901 STIRLING ROAD #307

Address

FT LAUDERDALE, FL 33312

City/State and Zip Code

HARRY@SAMUELSACCOUNTING.COM

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

For further information concerning this matter, please call:

HARRY M SAMUELS

954

、966-1350

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	inge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of FLORIDA egistered agent, or both, in the State of Florida.		
1. The name of	the corporation: ALL AMERICA	AN VAN LINES FL INC		
2. The principal	office address: 5411 NW 3RD	AVENUE, MIAMI, FL 33127		
			····	
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 10/24/20	12	575	
	d street address of the current registe rtment of State: (If resigned, enter re	ered agent and registered office on file with the signed)		
	TAL AVIRAM GOLDENB	ERG		
	5411 NW 3RD AVENUE			TA'S
MIAMI, FL 33127		5 APR	LL AF	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			₹10 PH	TMRY O
	HARRY M SAMUELS			15.7 15.7 15.7
2901 STIRLING ROAD #307			2:40	ATE RID/
P.O. Box NOT acceptable FT LAUDERDALE, FL 33312				
		treet address of the business office of its registe		nt,
Such change w authorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer s on notified in writing of the change.	0	
Signature of an officer or director		TAL AVIRAM GOLDENBERG Printed or typed name and title	TAL AVIRAM GOLDENBERG	
I hereby accept	the appointment as registered age	••	stered ss, I	
1 04/01		04/01/2015		_
	mature of Registered Agent	Date		
it signing on be	chalf of an entity:			
1	Typed or Printed Name			

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