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Certified Copies	_ Certificate	es of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Amendment Section Division of Corporations

Soshpa Logistills Inc. SUBJECT: P13000018674 DOCUMENT NUMBER:

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:

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	DAVID KATZ
	Name of Contact Person
	Soshpa Logistics Inc. Firm/Company
s [∓] satis	3546 S. Ocean Blud - Unit 911 Address
	South Palm Beach FL 33480 City/State and Zip Code manual of converse
	<u>Soshpalogistics @ quail com</u> E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

* ---

DAVID KATZ	at (856) 381-36()
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

CR2E045 (03/12)

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

1. The name of the corporation: Soshpa Logistics Inc.
2. The principal office address: 3546 S Ocean Blvd - Just 911
South Palm Beach, FL 33480
3. The mailing address (if different):
4. Date of incorporation/qualification: 22113 Document number: P13000018674
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) <u>United</u> States Conportion Agents, Inc.
13302 Winding Oatrs Court-Suife A Tampa, FL 33612
6. The name and street address of the new registered agent (if changed) and /or registered office
Registered Agents Inc.
متحر معنان علم 3030 N. Rocky Point Dr. STE 150A
P.O. Box. NOT acceptable
Tampa, FL 33607

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 dire

DAVID KATE -Printed or typed name and title CF

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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

If signing on behalf of an entity:

Dan Keen-President

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 CR2E045 (03/12)