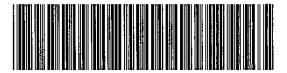
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: GELU TRANSPORT INC Name of Corporation
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:
Luis Gerardo Perez-Salgado Name of Contact Person
GELU TRANSPORT INC Firm/Company
5334 Robert Scott Dr. N.
Jacksonville, FL 32207 City/State and Zin Code
City/blase and Eife Could
gelutransport @ yahoo.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual eport notification)
For further information concerning this matter, please call:
Luis Gerardo Perez-Salgado at 904, 828-9552 Name of Contact Person Area Code & Daytime Telephone Number
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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

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: GELU TRANSPORT INC
2. The principal office address: 5334 Robert Scott Dr. N.
Tacksonville, FL 32207
3. The mailing address (if different): P.O. BOX 55/176
Jacksonville, FL 32255
4. Date of incorporation/qualification: 4-1-2013 Document number: P13000028559
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)
Lourdes P. Gutierrez
5334 Robert Scott Dr. N. 10
Jacksonville, FL 32207
6. The name and street address of the new registered agent (if changed) and /or registered office SSR (if changed):
Luis Gerardo Perez-Salgado Es
F.O. Box NOT acceptable
Jacksonville, FL 32207
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.
Luis Genando Penez Salgado-Agente de Principal de Principal de la
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 04/23/15 Date
If signing on behalf of an entity:
Typed or Printed Name

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