

PI3000049595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

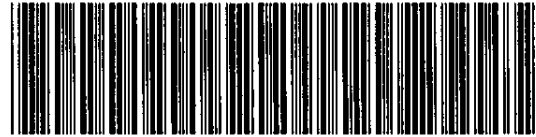
(Business Entity Name)

(Document Number)

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13 OCT 18 PM 3:11

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@ 10-21-13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flat Truck Inc

Name of Corporation

**DOCUMENT NUMBER:** P13000049595

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:

**Hanoi Barrera**

Name of Contact Person

**Flat Truck Inc**

Firm/Company

**9015 Tree Valley Circle**

Address

**Tampa FL 33615**

City/State and Zip Code

**flattruck@gmail.com**

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

For further information concerning this matter, please call:

**Hanoi Barrera**

Name of Contact Person

at **813 352-3669**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2013

HANOI BARRERA  
FLAT TRUCK INC  
9015 TREE VALLEY CIRCLE  
TAMPA, FL 33615

SUBJECT: FLAT TRUCK INC  
Ref. Number: P13000049595

We have received your document for FLAT TRUCK INC. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

You failed to list the date of incorporation in part 4 of the form.

Please list the registered agent name in part 5 and 6 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 213A00022998

RECEIVED  
13 OCT 15 AM 8:29  
FLORIDA DEPARTMENT OF STATE  
CORPORATION  
3300 GULF BLVD  
TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Flat Truck Inc
2. The principal office address: 9015 Tree Valley Circle, Tampa FL 33615
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09-20/13 Document number: P13000049595

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) Handi Barrera  
8322 ARCHWOOD CIR  
Tampa FL 33615

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

9015 Tree Valley Circle  
Tampa FL 33615

P.O. Box NOT acceptable

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.

HB  
Signature of an officer or director

HANDI BARRERA  
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.*

HB  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

HANDI BARRERA  
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)

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