

P13000084857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

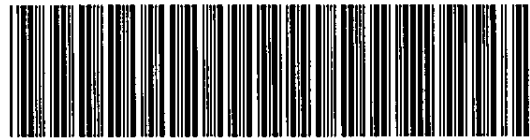
(Business Entity Name)

(Document Number)

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SEP 11 2014
TALLAHASSEE, FLORIDA

SEP -9 PM 2:02

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SEP 16 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Auto One Transports Inc
Name of Corporation

DOCUMENT NUMBER: P13000084857

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:

carlos milord

Name of Contact Person

Miami auto one transports inc

Firm/Company

244 biscayne blvd

Address

Miami, fl 33132

City/State and Zip Code

miamiautoone@gmail.com

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

For further information concerning this matter, please call:

carlos milord

Name of Contact Person

at (305) 541-1347

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

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: Miami Auto one Transport Inc
2. The principal office address: 244 Biscayne Blvd
Miami, FL 33132
3. The mailing address (if different): _____
4. Date of incorporation/qualification: Oct 16 2013 Document number: P 13000084857
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)

Valerie Moise, s
14261 Summerville Place
Davie, FL 33325

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

Karen Brices
1751 SW 28th Way
Dania, FL 33004

P.O. Box NOT acceptable

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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.

Carlos Milord
Signature of an officer or director

carlos milord
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.

Carlos Milord
Signature of Registered Agent

09-05-14
Date

If signing on behalf of an entity:

Typed or Printed Name

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