## P13000095144

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: CONTENDER TRUCK LINES, INC

Name of Corporation

DOCUMENT NUMBER: P13000095144

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:

## **DUNIA OSLAYDA RICARDO**

Name of Contact Person

Firm/Company

19580 NW 88 AVE.

Address

HIALEAH, FLORIDA 33018

City/State and Zip Code

RIOSOSCAR@LIVE.COM

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

For further information concerning this matter, please call:

OSCAR RIOS

.305

972-1624

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 cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Flori n organized under the laws of the State rregistered agent, or both, in the State	of FLORIDA
1. The name of t	the corporation: CONTENDE office address: 13727 SW 15	R TRUCK LINES,INC	oj Pionau.
4. Date of incon	poration/qualification: 11-25-1	3 Document number: P13	000095144
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file resigned)	e with the
	RIOS MARIA M.(RESIG	GNED)	
	13727 SW 152 STREE	T#298	<del>.</del>
	MIAMI,FL 33177		
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered	I office
	DUNIA OSLAYDA RICA	ARDO	4.545
19580 NW 88 AVE.HIALEAH,FLORIDA 33018			
	P.O. B	Box NOT acceptable	55 55 57
The street addre	ss of its registered office and the be identical.	street address of the business office o	f its registered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	an officer so
h	h Ri	MARIA M. RIOS (PRESIDEN	<u></u> _
I hereby accept	a camply with the provisions of a	Primed or typed name and ent and agree to act in this capacity. Il statutes relative to the proper and cand accept the obligation of my position reflect a change in the registered of ified in writing of this change.	nomplete
Tolor	06-5-15		
	ature of Registered Agent	Date	
If signing on bel	falf of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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