

P14000006605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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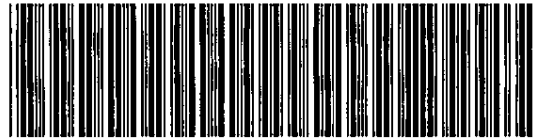
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 17 2017
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Jade Trucking, Inc

Name of Corporation

DOCUMENT NUMBER: P14000006605

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:

Maximo A Membreno

Name of Contact Person

Jade Trucking, Inc

Firm/Company

6160 SW Hwy 200 #110

Address

Ocala, FL 34476

City/State and Zip Code

maximo17@hotmail.com

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

For further information concerning this matter, please call:

Maximo A Membreno

Name of Contact Person

at (786) 602-8311

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: Jade Trucking, Inc
2. The principal office address: 6160 SW Hwy 200 #110 Ocala, FL 34476
3. The mailing address (if different): P.O Box 172231
Hialeah, FL 33017
4. Date of incorporation/qualification: 01/22/2014 Document number: P14000006605
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)

Maximo A Membreno

15312 NW 89 PI

Miami Lakes, FL 33018

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

Maximo A Membreno

6160 SW Hwy 200 #110

P.O. Box NOT acceptable

Ocala, FL 34476

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 director

Maximo Membreno / Owner

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.


Signature of Registered Agent

06/10/2016

Date

If signing on behalf of an entity:

Maximo A Membreno
Typed or Printed Name

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

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