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14 MAR 28 PH 12: 52

APPROVED

C. LEWIS

MAR 31 20114

EXAMINER

## **COVER LETTER**

Division of Corporations								
SUBJECT: PEREZ UNIVERSAL TRANSPORT INC. Name of Corporation								
DOCUMENT NUMBER: P14/0 000 16 9 4/2								
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:								
Name of Contact Person								
Name of Contact Person								
Firm/Company  3441 5 W 142 AVE  Address								
Firm/Company								
3441 SW 142 Alle								
Address								
MIRAMAR FI 330 Z7. City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
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  Amendment Section								

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: Amendment Section

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

Pursuant to the provision statement of change is a moder to change in order to change its analysis.	submitted for	a corporatio	n organized	under the la	ws of the St	ate of <u>F</u>	<u>loriD</u>	) <sub>A</sub>	
1. The name of the corr	oration:	PEREZ	UNIVE	RSAL .	TRANSP	ORT IN	ے ر		
1. The name of the corp 2. The principal office	address:	516	PLANT	E 5T	Key	LARGO	FI	33 O	37
3. The mailing address	(if different):	34	-11 SW	142 2 CI	AUE 2212	<u> </u>			
4. Date of incorporation		n: <u>02/2</u>	4) /14	Document		P14000	1016		
5. The name and street Florida Department of	address of the	e current regi	stered agent					, ,	
<u></u>	Luis	7/82	NANDE.	2 (8)	E515.NE	<u>0)</u>			
			ST						
	K,	EY LAR	60,1	-1 330	737		311	14	
6. The name and street (if changed):			red agent (if		_		RETARY OF	MAR 28 PM	FILED
	340	-11 SW	142	AVE			E CRES	12: 53	
		11RAM	Box NOT accept	3302	27				
The street address of it as changed will be ide:	s registered ontical.	office and the	e street addre	ess of the bu	isiness offic	ce of its regi	stered a	gent,	
Such change was authorized by the boar	orized by reso	olution duly	adopted by it	s board of o	lirectors or	by an office			
Signature of an o	Higgs or director.			LUMR	PEREZ	PKES/	DENT		
I hereby accept the ap I further agree to com performance of my du agent. Or, if this docu hereby confirm that th		registered a provisions of familiar wit g filed merely n has been no			,,				
	n		<u> </u>		03/2	6/2014	-/	<del></del>	
If signing on behalf of	Registered Agent				Late				
LUAR PE	•		, <del>-</del>						
туралогт	THE PARTY		NG FEE: \$3	35.00 * * *					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314