## P140000557

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: TRAMI EXPRESS, CORP			
Name of Corporation			
DOCUMENT NUMBER: P14000055837			
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:			
ALICIA B.DIAZ			
Name of Contact Person			
TRAMI EXPRESS, CORP			
Firm/Company			
9772 SW 24TH ST			
Address			
MIAMI FL 33165			
City/State and Zip Code			
TRAMIEXPRESS@GMAIL.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ALICIA B. DIAZ  Name of Contact Person  Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 cheek 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, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of FLORIDA
1. The name of the corporation: TRAMI EXPRESS 2. The principal office address: 9772 SW 24TH S	S, CORP T MIAMI FL 33165
3. The mailing address (it different): SAME	
4. Date of incorporation/qualification: 6/27/14	Document number: P14000055837
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned	
ALICIA B. DIAZ	
6440 SW 138TH CT #404	
MIAMI FL 33183	7211 F
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office.
SUSANA ALDA <b>n</b> A	
18261 SW 112TH AVE	STAT CORNE
P.O. Box NOT MIAMLEL 33157	acceptable
The street address of its registered office and the street as changed will be identical.  Such change was authorized by resolution duly adopted authorized by the board, or a corporation has been no	-
485-6	ALICIA B. DIAZ (PRESIDENT)
Signature of an officer of discrior  I hereby accept the annulation of as registered agent and I further agree to comp. With the provisions of all state performance of my doctor, and I am familiar with and a agent. Or, if this is the my filed merely to reflect the confirm that the second on has been notified in	ites relative to the proper and complete ecept the obligation of my position as registered
Signature of P. 1 years Date	
It signing on behalf (control)	
Typed or	
* * * FILING FE	E: \$35.00 * * *