P14000057130

. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Decurrent Number)
(Document Number)
Certified Copies Certificates of Status
]
Special Instructions to Filing Officer:
t
Office Use Only



08/18/21--01029--009 **35.00



H. Butter 10/13/21

e . . 🕽 **COVER LETTER**



TO: Amendment Section **Division of Corporations**

SUBJEC Name of Corp

DOCUMENT NUMBER:

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 C Firm/Com Address City/State and Zip Code CON E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davtime Telephone Number Name of Contact Person

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** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

CR2E045 (04/13)

2321 SEP 17 AM 8:10

•

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2021

DAVID HORACEK ON TIME TRANSPORT COMPANY 1919 W. 1ST STREET SANDFORD, FL 32771 US

SUBJECT: ON TIME TRANSPORT COMPANY Ref. Number: P14000057130

We have received your document for ON TIME TRANSPORT COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00020540



XELOCT -8 AM 8:12

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2021

DAVID HORACCK ON TIME TRANSPORT COMPANY 1919 W 1ST STREET SANDFORD, FL 32771 US

SUBJECT: ON TIME TRANSPORT COMPANY Ref. Number: P14000057130

We have received your document for ON TIME TRANSPORT COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00023187

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

Pursuant to the provisions of sections 60 ⁻ .0502, 61 ⁻ .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 <u>ff11(24</u>
1. The name of the corporation: <u>(ATTINK TRANSPORT COMPANIL)</u> 2. The principal office address: <u>1919</u> <u>WASSAULF</u> <u>3UNFINA</u> <u>FC 32771</u>
3. The mailing address (if different): <u>Same</u> .
4. Date of incorporation/qualification: <u>10-14</u> Document number: <u>14////////////////////////////////////</u>
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)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u> <u>1919</u>
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.

Printed or typed name and title Signature of an officer or director

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. Thereby confirm that the corporation has been notified in writing of this change.

X

Signature of Registered Agent

If signing on behalf of an entity:

Evped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)