## P1400064882

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SECRETARY OF STAIL

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## \*\* COVER LETTER

TO:	Amendment Section Division of Corporations			
~~~	RCH Express, Inc.			
SUBJ	Name of Corporation			
	P14000064882			
DOC	MENT NUMBER:			
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Ruben Contreras			
	Name of Contact Person			
	RCH Express, Inc.			
Firm/Company				
599 SW Newton Circle				
Address				
	Fort White, FL 32038			
	City/State and Zip Code			
	neallogistics@outlook.com			
	E-mail address: (to be used for future annual report notification)			
For fu	ther information concerning this matter, please call:			
Rube	n Contreras 386 623-4450			
	Name of Contact Person at () Area Code & Daytime Telephone Number			
Encio	ed is a \$35.00 check made payable to the Department of State.			
	Mailing Address:  Amendment Section  Street Address:  Amendment Section			
	Division of Corporations Division of Corporations			
	P.O. Box 6327 Clifton Building			
	Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

CTLING (5 (03/12)

BOTH FOR CORPORATIONS						
Pursuant to the	e provisions of sections 607.05	502, 617.0502, 607.1508, or 617.1508, Florida Statute	es, this			
		ration organized under the laws of the State of				
in ord	er to change its registered off	ice or registered agent, or both, in the State of Florida	7.			
1. The name of	the corporation:	ess, Inc.				
	599 SW No	ewton Circle, Fort White, FL 32038				
3. The mailing	address (if different):					
. Date of incorporation/qualification: Document number:		4 Document number:	000064882			
		registered agent and registered office on file with the				
Florida Depa	artment of State: (If resigned, o	<u> </u>				
	CONTRERAS, PAOLA	A				
	599 SW NEWTON CIR					
	FORT WHITE, FL 32 * NONE FILED *	038 US				
			ङ	¥ ØÆ		
6 The name on			15 JUL 23			
o. The hame an (if changed):		gistered agent (if changed) and /or registered office	23	で の の で に		
	Ruben Eduardo Contre	eras	7			
	599 SW Newton Circle		8: 0			
		P.O. Box NOT acceptable		7,		
	Fort White, FL 32038					
The street addr as changed will	ess of its registered office an l be identical.	d the street address of the business office of its regis	tered a	gent,		
Such change wanthorized by the	as authorized by resolution d he board, or the corporation l	uly adopted by its board of directors or by an officer has been notified in writing of the change.	'so			
	Hast retires.	Paola Contreras				
ū	ure of an officer or director	Printed or typed name and title				
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registere to comply with the provision my duties, and I am familiar is document is being filed me that the corporation has bee	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as regerely to reflect a change in the registered office addr n notified in writing of this change.	gistered ess, I	d		
a someone for	(mil)	7/20/15				
Sig	mature of Registered Agent	Date		—		
f signing on be	ehalf of an entity:					

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

Typed or Printed Name