## P14000066317

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AUG 3 1 2016

**C** LEWIS

## **COVER LETTER**

TO: Ar

Amendment Section Division of Corporations

SUBJECT: TRAFFIC MAJESTIC INC
Name of Corporation

DOCUMENT NUMBER: P14000066317

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:

Shamir Rele				
Name of Contact Person				
Firm/Company				
300 Communipaw Avenue - #137				
Address				
Jersey City, NJ, 07304				
City/State and Zip Code				

shamir.productions@gmail.com

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

For further information concerning this matter, please call:

Shamir Rele

.,917

558 5773

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
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

•		7.0502, 607.1508, or 617.1508, Florida Statutes, th	ગાંડ		
· · · · · · · · · · · · · · · · · · ·	-	organized under the laws of the State of Florida	<del></del>		
		registered agent, or both, in the State of Florida.			
1. The name of	he corporation: TRAFFIC MA	JESTIC INC			
2. The principal	office address: 20801 NW 1st	Ave			
Miami Ga	rdens, Florida, 33169				
3. The mailing a	ddress (if different): 300 Comn	nunipaw Avenue, Unit 137			
	City, NJ, 07304				
4. Date of incor	poration/qualification: 08/07/20	14 Document number: P1400006631	17		
	I street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)			
	SHERRILL HAMILTON,		28	=	
	16732 AMBER BAY DRI	VE	2016 AUG	NOISIAIC	
	WESTON, FL 33331		622	OF CE	
6. The name and street address of the new registered agent (if changed) and /or registered officianged):		ed agent (if changed) and /or registered office	AM 8:	Corenail	
	Shea Ramsahai		39	λ	
20801 NW 1st Ave					
	P.O. Box NOT acceptable				
	Miami Gardens, Florida, 33169				
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registere	ed agen	ıt,	
Such change wa authorized by the	as authorized by resolution duly ac ne board or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.			
CH-	$\mathcal{K}$	Shamir Rele			
_	re of an officer or director	Printed or typed name and title			
perjormance of agents Or, if in	pry auties, ana i am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as regist to reflect a change in the registered office address ified in writing of this change.	ered , I		
		08/17/2016			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Shea Rams	sahai				
	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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