

P15000009119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

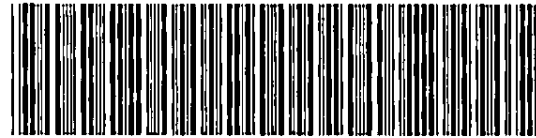
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Transfer Logistics Inc.
Name of Corporation

DOCUMENT NUMBER: P15000009119

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:

Gerelyn Hughes SULLO
Name of Contact Person

Transfer Logistics Inc.
Firm/Company

6657 W. Hilger Ct.
Address

HOMOSASSAU FL. 34448
City/State and Zip Code

gerisullo@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerelyn Hughes SULLO at (352) 476-7077
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Transfer Logistics Inc.
2. The principal office address: 6657 W. Hilger Ct.
Homosassa, FL 34448
3. The mailing address (if different): same
4. Date of incorporation/qualification: 1/28/2015 Document number: P1500009119

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)

Geralyn Hughes Sullo
6657 W. Hilger Ct.
Homosassa, FL 34448

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

John P. McKelvey
6657 W. Hilger Ct.
Homosassa, FL 34448
P.O. Box NOT acceptable

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.

[Signature]
Signature of an officer or director

Geralyn H. Sullo
Printed or typed name and title

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, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

1/1/2019
Date

If signing on behalf of an entity:

John P. McKelvey
Typed or Printed Name

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