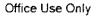
## P15 0000 40171

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Styroutes Eight Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

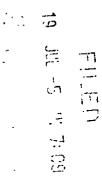




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JUL 1 7 2019 S. YOUNG



## **COVER LETTER**

TO: Amendment Section **Division of Corporations** Kope Logistics inc. Name of Corporation P15000040171 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: Eduardo Hugo Name of Contact Person Kope Logistics inc. Firm/Company 7865 NW 104th Ave apt 01 Address Doral, FL 33178 City/State and Zip Code eduardo.hugo@kopelogistics.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eduardo Hugo Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

statement of change is submitted for a c	607.0502, 617.0502, 607.1508, or 617.1508 corporation organized under the laws of the	e State of Florida
	ed office or registered agent, or both, in the pe Logistics inc	e State of Florida.
1010		126
2. The principal office address: 1014	2 NW 82nd Ave, Doral, FL 331	120
3. The mailing address (if different):	SAME	
4. Date of incorporation/qualification:	05-05-2015 Document number	P15000040171
5. The name and street address of the cu Florida Department of State: (If resig	urrent registered agent and registered office gned, enter resigned)	e on file with the
Eduardo Hugo	)	
8630 NW 101	PI	
Doral, FL 33178	3	
6. The name and street address of the ne (if changed):	new registered agent (if changed) and /or reg	= 0
Eduardo Hugo	)	7:09
7865 NW 104t	<del></del>	රි ———
Doral, FL 3317	P.O. Box NOT acceptable	
The street address of its registered offi as changed will be identical.	ice and the street address of the business of	office of its registered agent,
	tion duly adopted by its board of directors ation has been notified in writing of the ch	s or by an officer so nange.
Signature of an officer or director	EDUARSE I+CO-	- PRESIDENT
I further agree to comply with the prov performance of my duties, and I am fac agent. Or, if this document is beiny fil	gistered agent and agree to act in this cap visions of all statutes relative to the prope miliar with and accept the obligation of m led merely to reflect a change in the regist as been notified in writing of this change.	pacity. or and complete nv position as registered iered office address, l
Signature of Registered Agent Date		-2019
Signature of Registered Agent If signing on behalf of an entity:	_ Dat	ie -
a signing on benan or an entity.		
Typed 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 \* \* \*