

P150000 45 239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

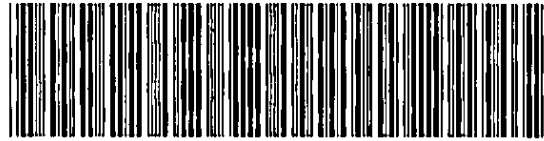
(Business Entity Name)

(Document Number)

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2019 JAN 25 AM 10:37
SECRETARY of STATE
TALLAHASSEE, FL 32399

JAN 31 2019
COMMISSIONER

COVER LETTER

TO: Amendment Section
Division of Corporations

2019 JAN 25 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: **J & K HAULING .INC**
Name of Corporation

DOCUMENT NUMBER: **P15000045239**

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:

JORGE F AMADOR ROJAS

Name of Contact Person

J & K HAULING .INC

Firm/Company

8004 N MARKS ST

Address

TAMPA FL 33604

City/State and Zip Code

jkhauling.cor@gmail.com

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

For further information concerning this matter, please call:

Jorge Amador at (**813**) **379 0526**
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: J & K HAULING .INC
2. The principal office address: 8004 N MARKS ST , TAMPA FL 33604

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/24/2019 Document number: P15000045239

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)

JORGE FELIPE AMADOR ROJAS

8004 N MARKS ST

TAMPA FL 33604

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

ADD: KIRENIA TORRES SUAREZ

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 of an officer or director

JORGE FELIPE AMADOR ROJAS PRESIDENT

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 of Registered Agent

01/24/19

Date

If signing on behalf of an entity:

Typed or Printed Name

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