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16 HAR -7 PH 5: 37
SECRETARY OF STATE

11AR 10 2016

R. Vernie

COVER LETTER

SUBJECT:	1 & M GODEFOY TRANSPORTATION CORP Name of Corporation
DOCUMENT	NUMBER: P1500063571
	Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return a	all correspondence concerning this matter to the following:
	MARIO GODEFOY
	Name of Contact Person
	Firm/Company
	14136 SW 166 ST
	Address
	MIAMI, FL 33177
	City/State and Zip Code
	City/State and Zip Code E-mail address: (to be used for future annual report notification)
For forth an inf	E-mail address: (to be used for future annual report notification)
_	E-mail address: (to be used for future annual report notification)
_	E-mail address: (to be used for future annual report notification)

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florido organized under the laws of the State o registered agent, or both, in the State oj	f FLORIDA	
1. The name of t	the comoration: M & M GODE	FOY TRANSPORTATION	CORP	
2. The principal	office address: 14136 SW 16	6 ST, MIAMI, FL 33177		_
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 07/27/20	Document number: P150	000063571	_
	I street address of the current register truent of State: (If resigned, enter re	ered agent and registered office on file casigned)	with the	
	MARIA D. HECTOR (RE	ESIGNED)	_	
	14136 SW 166 ST , MIA	MI, FL 33177	_	
(if changed):	1 street address of the new registered 3404 SW 14TH ST, MIA	d agent (if changed) and /or registered o	16 HAR -7 SECRITARY TALLAHASSI	1 - 90 g
	P.O. Bo	ox NOT acceptable	PM 5: 37 OF STATE	
The street addre	ess of its registered office and the s be identical.	street address of the business office of	its registered agent,	
Such change was authorized by	as author/zed by resolution duly addiction for the corporation has been	opted by its board of directors or by are notified in writing of the change.	n officer so	
	re of an officer or director	MARIO A. GODEFOY Printed or typed name and to		
I further agree t performance of	to comply with the provisions of all my duties, and I am familiar with a	int and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my position o reflect a change in the registered off fied in writing of this change.	on as registered	
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
т,	med or Printed Name			

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