

P15000064143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

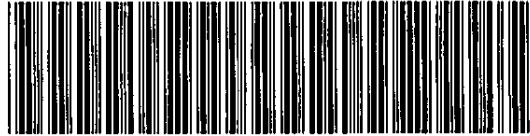
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TALLAHASSEE FLORIDA

R. White

DEC 14 2015

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DNR Transport Corp  
Name of Corporation

**DOCUMENT NUMBER:** P15000064143

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:

Diana Martinez  
Name of Contact Person

DNR Transport Company  
Firm/Company

524 W Carole Street  
Address

Lakeland FL 33803  
City/State and Zip Code

Dianamartinez773@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Martinez at ( 786 ) 320-2869  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

DIANA MARTINEZ  
524 W CAROLE ST  
LAKELAND, FL 33803

SUBJECT: DNR TRANSPORT CORP.  
Ref. Number: P15000064143

We have received your document for DNR TRANSPORT CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 6 of the document is blank. The name and/or street address of the new registered agent must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 115A00024876

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**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: DNR Transport Corp.
- 2. The principal office address: 524 W Carole Street, Lakeland FL 33803
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/01/15 Document number: P15000064143

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)  
524 W Carole Street  
Lakeland FL 33803

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Diana Martinez  
524 W Carole Street  
Lakeland FL 33803

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TALLAHASSEE FLORIDA

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

\_\_\_\_\_  
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.*

Diana Martinez  
Signature of Registered Agent

11/2/15  
Date

If signing on behalf of an entity:

Diana Martinez  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314