

PI5000071518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECURITY STATE
TALLAHASSEE, FL 32301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Olexiy Trucking Inc.
Name of Corporation

DOCUMENT NUMBER: P150 000 71518

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:

Olexiy Shutko
Name of Contact Person

Olexiy Trucking
Firm/Company

166 Pinecrest St.
Address

Titusville, FL 32780
City/State and Zip Code

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

For further information concerning this matter, please call:

Olexiy Shutko at (407) 328-3638
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
16 NOV 14 PM 3:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Olexiy Trucking
2. The principal office address: 166 Pinecrest St. Titusville, FL 32780

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08.25.2015 Document number: P15000071518

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)

Shutko Olexiy
648 Kenwick Cir. Apt. 102
Casselberry, FL 32707

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

Shutko Olexiy
166 Pinecrest St. Titusville, FL 32780

P.O. Box NOT acceptable

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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

Olexiy Shutko P
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

11.07.16
Date

If signing on behalf of an entity:

Olexiy Shutko
Typed or Printed Name

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