## P15000095589

(Re	questor's Name)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: AUTO TRANSPORT EXPERTS INC
Name of Corporation
DOCUMENT NUMBER: P15000095589
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:
Angel Colon
Name of Contact Person
AUTO TRANSPORT EXPERTS INC
Firm/Company
5251 sw 35th pl
Address
davie, FL 33314
City/State and Zip Code

Angel Colon

Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

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

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

For further information concerning this matter, please call:

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	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Florida
<del></del>	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: AUTO TRANSPORT EXPERTS INC
2. The principal	office address: 5251 sw 35th pldavie, FL 33314
3. The mailing a	iddress (if different):
4. Date of incorp	poration/qualification: 11/23/2015 Document number: P15000095589
	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Melissa L. Torres
	5251 sw 35th pl, Davie, FL 33314
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Angel D Colon
	5251 sw 35th pl, Davie, FL 33314
	5251 sw 35th pl, Davie, FL 33314  P.O. Box NOT acceptable
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatu	re of an officer or director Printed or typed name and title
I hereby accept I further agree of performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
angel .	nature of Registered Agent 11/4/2019 Date
/	chalf of an entity:
T	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (03/12)

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