P16000014497

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SECRETARY OF STATE

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

CTIRIFCT. AL & Y TRANSPORT CORP

Name of Corporation

DOCUMENT NUMBER: P16000014497

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:

ALINA MENDEZ LEGRA

Name of Contact Person

AL & Y TRANSPORT CORP

Firm/Company

175 E 58 STREET

Address

HIALEAH, FL 33013

City/State and Zip Code

yoanalberto65@gmail.com

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

For further information concerning this matter, please call:

ALINA MENDEZ LEGRA

.,305 \342

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

statement of change is	submitted for a corporation organized t		
	nange its registered office or registered a		
	rporation: AL & Y TRANSPORT address: 175 E 58 STREET, HI		
2. The principal office	address		
3. The mailing addres	s (if different):		
4. Date of incorporation	on/qualification: 02/12/2016	Document number: P16000014497	
	t address of the current registered agent a of State: (If resigned, enter resigned)	and registered office on file with the	2016 MAR
<u>ALI</u>	NA MENDEZ LEGRA. PRESI	DENT SÃ	5
175	E 58 STREET		P
HIA	LEAH, FL 33013	TATE OAJDA	7: no
6. The name and stree (if changed):	t address of the new registered agent (if o	changed) and /or registered office	
YO	AN ALBERTO. VICE-PRESID	DENT	
175	E 58 STREET		
HIA	P.O. Box NOT accepts LEAH, FL 33013	able	
The street address of as changed will be id	its registered office and the street addre	ess of the business office of its registered age	ent,
Such change was authorized by the boa	norized by resolution duly adopted by it rd, or the corporation has been notified	s board of directors or by an officer so in writing of the change.	
Signature of an	officer or director AL	INA MENDEZ LEGRA. PRESIDENT Printed or typed name and title	<u>-</u>
I hereby accept the a I further agree to con performance of my di agent. Or, if this doc hereby confirm that t	opointment as registered agent and agraphy with the provisions of all statutes reties, and I am familiar with and accept ument is being filed merely to reflect a she corporation has been notified in writ	ee to act in this capacity. elative to the proper and complete the obligation of my position as registered change in the registered office address, I ting of this change.	
	03	/11/2016	
If signing on behalf of	f Registered Agent	Date	•
AL & Y TRANS	•		
	Heinrad Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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