

P160000016884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

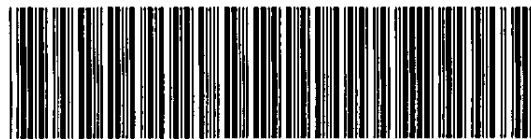
(Business Entity Name)

(Document Number)

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MAR 06 2017

17 MAR -3 AM 11:13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Best Transport Inc
Name of Corporation

DOCUMENT NUMBER: P16000016884

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:

Hector Campos

Name of Contact Person

Best Transport Inc

Firm/Company

1507 Pine Ave

Address

Orlando FL 32824

City/State and Zip Code

hcmobile@hotmail.com

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

For further information concerning this matter, please call:

Hector Campos

Name of Contact Person

at (407) 7388284

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

February 17, 2017

HECTOR CAMPOS
1507 PINE AVE
ORLANDO, FL 32824

SUBJECT: BEST TRANSPORT, INC.
Ref. Number: P16000016884

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

Part 6 cannot be left blank. Please fill out part six with the new registered agent's information. Also, please print the name of the corporation on part 1 of the document.

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: 617A00003190

17 MAR -3 PM 3:02
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BEST TRANSPORT, Inc.
2. The principal office address: 1507 Pine Ave
Orlando, FL 32824
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P16000016884

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)

Quelian Campos (resigned)

914 Anchorage Ln

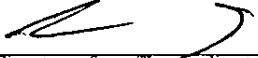
Kissimmee, FL 34744

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

Hector Campos
914 Anchorage Ln
P.O. Box NOT acceptable
Kissimmee, FL 34744

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

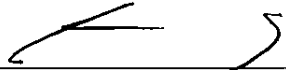
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Hector Campos President

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 of Registered Agent

2/6/17
Date

If signing on behalf of an entity:

Hector Campos

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