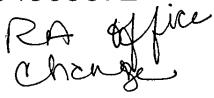
## P16000032746

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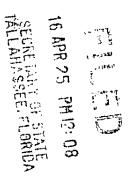




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APR 26 2016 ARAMSEY

## **COVER LETTER**

TO: Amendment Section Division of Corporations AMADOR TRUCKING CORP Name of Corporation P16000032746 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: ALAIN AMADOR Name of Contact Person AMADOR TRUCKING CORP Firm/Company 14470 SW 50 TERRACE Address **MIAMI FL 33175** City/State and Zip Code penanurdenis@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALAIN AMADOR Area Code & Daytime Telephone Number Name of Contact Person

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 char	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of FLORIDA registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: AMADOR TF	RUCKING CORP ·
2. The principal	office address: 14470 SW 5	0 TERRACE MIAMI FL 33175
3. The mailing ac	ddress (if different): N/A	
4. Date of incorp	oration/qualification: 04/11/2	016 Document number: P16000032746
5. The name and		stered agent and registered office on file with the
	14470 SW 50 TERRAC	E MIAMI FL 33175
6. The name and (if changed):	4030 SW 142 AVE	red agent (if changed) and /or registered offices  MIAMI FL 33175  Box NOT acceptable
as changed will	be identical.	e street address of the business office of its registered agent,
Such change was authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.  ALAIN AMADOR
Signatur	e of an officer or director	Printed or typed name and title
I further agrée t	o comply with the provisions of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as registered to to reflect a change in the registered office address, I otified in writing of this change.
(-		04/15/2016
Sign	ature of Registered Agent	Date
If signing on bel	nalf of an entity:	
ALAIN AMA	DOR ped or Printed Name	-

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

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