

P160000 55864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

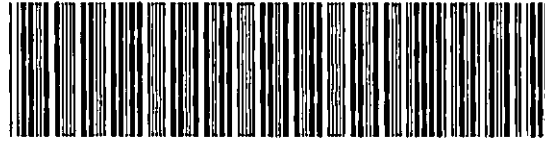
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Attorney at Law

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Land O' Lakes, FL 34638
(813) 909-1515

December 5, 2017

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Two Allens Transport, Inc. P16000055864
Change of Registered Agent

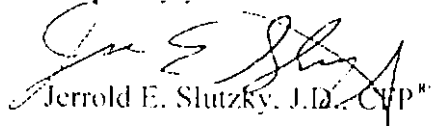
To Whom It May Concern:

I have enclosed the Statement of Change of Registered Agent form, along with my check
in the sum of \$35.00.

Please expedite the change.

If you have any questions, please do not hesitate to call me.

Very truly yours,


Jerrold E. Slutzky, J.D., CFP®

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWO ALLENS TRANSPORT, INC.

Name of Corporation

DOCUMENT NUMBER: P16000055864

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:

Jerrold E. Slutzky, Esq.

Name of Contact Person

Slutzky Law Firm

Firm/Company

853 Main Street, Ste A

Address

Safety Harbor, FL 34695

City/State and Zip Code

Jamie87Allen@yahoo.com ✓

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

For further information concerning this matter, please call:

Jerrold E. Slutzky

Name of Contact Person

727 475-6200

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**

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: Two Allens Transport, Inc.
2. The principal office address: 109 Dunbar Avenue, Suite C, Oldsmar, FL 34677
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/01/2016 Document number: P16000055864
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)

James Allen

1642 Osprey Lane

Lutz, FL 33549

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

Jerrold E. Slutzky, Esq.

853 Main Street, Ste A

P.O. Box NOT acceptable

Safety Harbor, FL 34695

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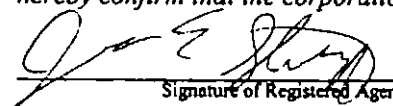
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X 
Signature of an officer or director

James Allen 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 of Registered Agent

11/30/2017
Date

If signing on behalf of an entity:

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
CR2E045 (03/12)