

P16000098127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

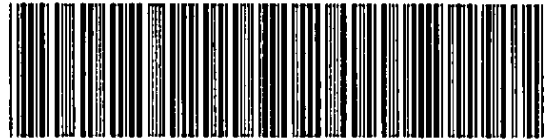
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500345572365

06/12/20--01006--004 **35.00

2020 JUN 12 PM 1:27

FILED

R0/chg

JUL 9 2020

ALBANY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SS Auto Transport Inc
Name of Corporation

DOCUMENT NUMBER: P16000098127

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 Isidro

Name of Contact Person

SS Auto Transport Inc

Firm/Company

2863 SW 152 Ave

Address

Miami, FL 33185

City/State and Zip Code

alain.isidro@yahoo.com

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

For further information concerning this matter, please call:

Alain Isidro

Name of Contact Person

at (305)

904-4890

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: SS Auto Transport Inc
2. The principal office address: 2863 SW 152 Ave, Miami, FL 33185
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/12/2016 Document number: P16000098127
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)

Alain Isidro Herrera

2140 SW 89 CT

Miami, FL 33165

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

Alain Isidro Herrera

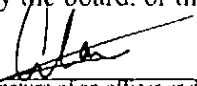
2863 SW 152 Ave

P.O. Box NOT acceptable

Miami, FL 33185

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

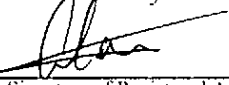
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Alain Isidro Herrera 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

06/01/2020

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 (04/13)