

P17000018657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

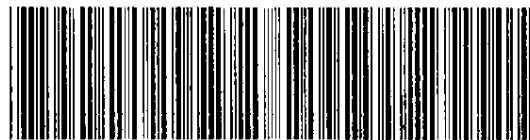
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100297130201

03/31/17--01013--022 **35.00

FILED
20170331 07:20:01
MAR 31 2017

11/5/2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tampa Lanes Trucking Inc.
Name of Corporation

DOCUMENT NUMBER: PI7000018657

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:

Natalia Del Pozo
Name of Contact Person

Firm/Company

15102 Winterwind Dr.
Address

Tampa, FL 33624
City/State and Zip Code

tampalanes-trucking@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalia Del Pozo at (813) 7703148
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

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: Tampa Lanes Trucking Inc.
2. The principal office address: 15102 Winterwind dr.
tampa, FL 33624
3. The mailing address (if different): 15102 Winterwind dr
tampa, FL 33624
4. Date of incorporation/qualification: 2/25/17 Document number: P17000018657
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)


Natalia Del Pozo
4312 Akita Dr 205
tampa FL 33624

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

Natalia Del Pozo
15102 Winterwind dr.
P.O. Box NOT acceptable
tampa, FL 33624

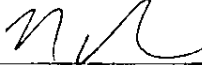
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Natalia Del Pozo
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

3/29/2017
Date

If signing on behalf of an entity:

Natalia Del Pozo
Typed or Printed Name

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