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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Taxi Plus Inc. Name of Corporation		
DOCUMENT NUMBER: P130000 19934		
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:		
Ueniset Polando Name of Contact Person  Taxi Plus Inc  Firm/Company		
344 Meridian Ava. Apt. 3A		
Miami Beach, Fl. 33139 City/State and Zip Code		
E-ptail address: (to be used for future annual report notification)	·	
For further information concerning this matter, please call:		
Ueniset Polando at (305) 305 0+05 Name of Contact Person Area Code & Daytime Telephone Nu	mber	

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

CR2E045 (03/12)

## 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.
1. The name of the corporation: Taxi Plus, Inc.
2. The principal office address: 344 Meridian Ava. #3A
Miami Beach, fl. 33139
3. The mailing address (if different):
4. Date of incorporation/qualification: 03 01 13 Document number: P17000010034
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)
<u> </u>
344 Meridian Ave. #3A
Miani Beach, Fl. 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
<u> Veniset Polando</u>
344 Meridian Ava. #3A P.O. Box NOT acceptable
Miami Blach, Fl-33139
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 hours, or the proporation has been notified in writing of the change.
Signature of an officer or director  Veni set Bolando  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.
05/0a/2017
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)