## P/700023394

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## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SPARTAN TRANSIT INC.								
Name of Corporation								
DOCUMENT NUMBER: P17000023394								
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:								
JACQUELYN BLANCO								
Name of Contact Person								
SPARTAN TRANSIT INC.								
Firm/Company								
222 WEST 18 STREET								
Address								
HIALEAH, FL 33010								
City/State and Zip Code								
jacquelyn.blanco@yahoo.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
JACQUELYN BLANCO at 305 301-5988								
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

statement of cha	nge is submitte	d for a cor	poration organ	ized under the la	517,1508, Florida S ws of the State of _ th, in the State of F	FLORIDA		
1. The name of t	_	-			···, ··· ··· · · · · · · · · · · · · ·			
2. The principal	ле согрогацов.	222 W	EST 18 ST	REFT				
2. The principal	office address;		AH, FL 3301		. <del></del>			
3. The mailing a	ddress (if diffe	rent):						
4. Date of incorp	ooration/qualifi	cation: 06	6/26/2017	Document	number: P1700	002339	4	
			ent registered ag ed, enter resigne	-	ed office on file wi	ith the		
	JACQUEL	YN BLA	ANCO					
	222 WEST	Γ 18 ST	REET					
	HIALEAH,	FL 330	010					
6. The name and (if changed):	l street address	of the new	registered agen	t (if changed) at	nd /or registered of	fice :	17	
	DAYLAN E	3LANC(	O			7 P	jų: <b>-</b>	- 1.1
	222 WES	Γ 18 ST				· 	○	1
	HIALEAH,	EL 220	P.O. Box SQT	acceptable		<del></del> -	<b>نن</b> - :	•
The street addre			<u> </u>	address of the bu	usiness office of its	s registere	$\subseteq$	t.
Such change wa authorized by the	as authorized b	y resolutio	n duly adopted on has been not	by its board of diffed in writing	directors or by an of the change.	officer so		
- Kigania	re and other or di	Iccior			YN BLANCO			
viertormance of	to comply with my duties, and is document is	the provis Ham fami being filea	tions of all statu liar with and ad I merely to refle	tes relative to the except the obliga- ect a change in t	he proper and com tion of my position he registered offic	i as registe	red I	
	DOTTO		~	6/26/2017				
_	nature of Registered	-			Date			
If signing on be	nan oi an enut	у.						
T	yped or Printed Nam	nc						

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

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