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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MAXIM TRANSPORTATION INC

Name of Corporation

DOCUMENT NUMBER: P17000036525

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:

HIMA VORA

Name of Contact Person

MAXIM TRANSPORTATION INC

Firm/Company

9992 Oak Quarry Drive

Address

Orlando, FI 32832

City/State and Zip Code

accounts@maximtours.net

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

For further information concerning this matter, please call:

Hima Vora

407

95-4152

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

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. Hima Vora Hima Vora Printed or typed name and title	statement of change is submitt	sections 607.0502, 617.0502, 607.1 ted for a corporation organized una s registered office or registered age	ler the laws of the State of Florida	this
2. The principal office address: 9992 Oak Quarry Drive Orlando, Fl 32832 3. The mailing address (if different): 4. Date of incorporation/qualification: 05/01/2017	L. The name of the corporatio	_{n:} Maxim Transportation Ir	IC	
4. Date of incorporation/qualification: 05/01/2017 Document number: P17000036525 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) Mahavir Jain - Resigned 3303 S Semoran Blvd Orlando, Fl 32822 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Hima Vora 9992 Oak Quarry Drive P.O. Box NOT acceptable Orlando, Fl 32832 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 changed way anthorized 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. Hima Vora Printed or typed name and tile Hereby accept the appointment as registered agent and agree to early the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or affect a clarity 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 affect a clarity in the registered affice address. I hereby entirph that the corporation has been notified in writing of this change. June 19, 2017 Segnature of Registered Agent If signing on behalf of an entity:	2. The principal office address	9992 Oak Quarry Drive		
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) Mahavir Jain - Resigned 3303 S Semoran Blvd Orlando, Fl 32822 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Hima Vora 9992 Oak Quarry Drive PO Box NOT acceptable Orlando, Fl 32832 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 approximated by resolution duly adopted by its board of directors or by an officer so authorized by the object, or the corporation has been notified in writing of the change. Hima Vora Hima	3. The mailing address (if diff	erent):		
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Signature of Registered Agent Date If signing on behalf of an entity:	I hereby accept the appointm I further agree to comply with performance of my duties, an agent. Or Af this document is hereby confirm that the corp	ent as registered agent and agree h the provisions of all statutes rela d I am familiar with and accept th s being filed merely to reflect a cha oration has been notified in writing	to act in this capacity. ttive to the proper and complete e obligation of my position as regi ange in the registered office addre g of this change.	istered ss, I
If signing on behalf of an entity:	June 19, 2017			
		ity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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