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COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: Pacific Transport Inc. Name of Corporation							
DOCUMENT NUMBER: P1700037059							
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:							
Rosa Medrano Name of Contact Person Pacific Transport Inc. Firm/Company							
417 Talquin C.T							
Orkando FL 32807 City/State and Zip Code							
Pacific transport corporation @ amail com Elmail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Rosa Medrano at (Hot, 257-6990) Name of Contact Person Area Code & Daytime Telephone Number							
Traine of Confidence Person Area Code & Daytine Telephone Pullioci							
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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

,	*		617,0502, 607,1508 m organized under			L L
in order	to change its regis	tered office o	or registered agent.	or both, in t	he State of Florida	ı.
1. The name of the	ne corporation:	Pacifi	ic Trans	port	Inc.	
2. The principal of	office address:	417	c Trans Talquin	7)	Orlando	
	L 32807		,			
3. The mailing ac	ldress (if different)	:				
4. Date of incorp	oration/qualificatio	on: 04 - 1	24 -2017 _{Doct}	ıment numb	er: P17000	037059
5. The name and		e current reg	istered agent and re			
	Busine	ss Fil	ings Incom	cporat	ed	
	1200 S	outh F	Pine Islan	nd Ra	А	
	Planta	4100	FL 333	24		
(if changed):	Rosa 417 T FL	Mec alquin 32807		landa	TATE MASSEC. HE	
The street address changed will	ss of its registered be identical.	office and th	e street address of	the business	s officerits regis	tered agent,
Such change was authorized by the	s authorized by res board, or the cor	olution duly poration has	adopted by its boa been notified in wr			
Signatur	ul florico		Kos	a Mea	Jano - P	resident
I hereby achent	maintment as	registered a provisions of a familiar wi g filed merel a has been a	igent and agree to a all statutes relative the and accept the of y to reflect a chang officed in writing o	act in this c	anacits	gistered ress. I
- Ly	e Space			10-	12 - 2017 Date	<u> </u>
/ Sign	lature of Rygistered Agen			ſ	Date	
If signing on bel	iair or an entity:					
Ty	ped or Printed Name	· · · · · · · · · · · · · · · · · · ·	_			
		* * * FIL.	ING 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)