

P17000047221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

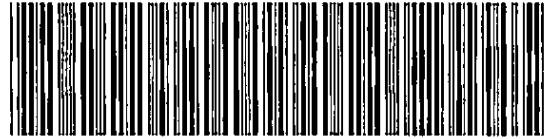
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 19 2013

T. LEECH

[Handwritten signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRUEWAY TRUCKING CORP

Name of Corporation

DOCUMENT NUMBER: P17000047221

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:

YENNYS CRUZ SILVA

Name of Contact Person

TRUEWAY TRUCKING CORP

Firm/Company

125 S STATE RD 7, SUITE 104-109

Address

WELLINGTON, FL 33414

City/State and Zip Code

TRUEWAYTRUCKINGCORP@GMAIL.COM

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

For further information concerning this matter, please call:

YENNYS CRUZ SILVA at (561) 307-7785

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRUEWAY TRUCKING CORP
2. The principal office address: 125 S STATE RD 7, SUITE 104-109
WELLINGTON, FL 33414
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 05/26/2017 Document number: P17000047221
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)

YENNYS CRUZ SILVA
1225 SAVOYARD WAY
ROYAL PALM BEACH, FL 33411

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

YENNYS CRUZ SILVA
125 S STATE RD 7, SUITE 104-109
P.O. Box NOT acceptable
WELLINGTON, FL 33414

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

YENNYS CRUZ SILVA, PRESIDENT
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

JULY 12TH, 2018
Date

If signing on behalf of an entity:

YENNYS CRUZ SILVA
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)

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2018 JUL 16 A 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA