## Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000199421 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

RA & RO Charge

From:

Account Name : Y B CARRIER SERVICES INC

Account Number : I20230000041

Phone : (786)703-6704

Fax Number

: (786)703-7166

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

REGISTERED AGENT CHANGE JUSTO FREIGHT SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

To:

## **COVER LETTER**

	JMENT NUMBER: P17000052112  nelosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
	return all correspondence concerning this matter to the following:	
	ERNESTO HERNANDEZ	
	of Contact Person	
	Company	
	W 94 STREET	
Addres	SS	
MIAMI	I, FL 33147 tate and Zip Code	
City/St	tate and Zip Code	
E-mail	l address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
IVAN E	ERNESTO HERNANDEZ at (786 ) 4793883  Name of Contact Person Area Code & Daytime Telephone Numb	

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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR20045 (04/13)

To:

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

	ections 607,0502, 617,0502, 607,15 ed for a corporation organized unde		
	registered office or registered agen		
1. The name of the corporation	E JUSTO FREIGHT SERVICES INC		
2. The principal office address:	2921 NW 94th Street, Mianui, FL 331	47	
	nent):		
4. Date of incorporation/qualifi	ication: 06/14/2017 Doc	cument number: P1700005211	12
	of the current registered agent and ( (If resigned, enter resigned)	registered office on file with t	he
LUCAS CAV	ALCANTE (RESIGNED)		
5500 LYONS	ROAD, 206		
COCONUT C	REEK. FL 33073		2023
6. The name and street address (if changed):	of the new registered agent (if chan		湯一一一
IVAN ERNES	TO HERNANDEZ		元 子 一
2921 NW 94 S	TT		7.0
MIAMI, FL 33	P.O. Box (NOT) accep	lahte	第る
The street address of its regist as changed will be identical.	ered office and the street address o	f the business office of its re	gistered agent,
Such change was authorized bauthorized by the board, or the	by resolution duly adopted by its ho e corporation has been notified in v	oard of directors or by an offi writing of the change.	icer so
Signande of an officer or di		ERNESTO HERNANDEZ	
l hereby accept the appointme I further agree to comply with	ent us registered agent and agree to the provisions of all statutes relati r with and accept the obligation of v to reflect a change in the register	Printed of typed hand end title of act in this capacity, we to the proper and comple my position as registered ag ed office address, I hereby co	te performance zent. Or, if this onfirm that the
3	96/01/26	023	
Figurature of Registered	Agent	Date	· · · · · · · · · · · · · · · · · · ·
If signing on behalf of an entit	ıy:		
Typed or Printed New			
	* * * FILING FEE: \$35.00	g * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04:13)

H23000 1994213