## Prossida

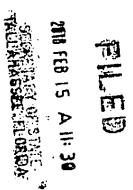
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Speciał Instructions to Filing Officer: |
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: All-Way Freight of Transportation, Inc   |
|---|
| DOCUMENT NUMBER: P170000 (06207   |
| 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:                           |
| BOHY LOVIS  Name of Contact Person  |
| Firm/Company  |
| 11125 NW 37th Aug   |
| Sunise II. 3335) City/State and Zip/Code  |
| E-mail address: (no be used for future annual report notification)                                  |
| For further information concerning this matter, please call:  |
| Betty Louis at (954) 914 0917  Name of Contact Person at (954) Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State.                                |
| Mailing Address: Amendment Section  Street Address: Amendment Section                               |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## 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  |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: All-Way Freight of Transfortation, In   |
| 2. The principal office address: 125 NW 3-44 Ave  |
|   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 8/1/17 Document number: P.1.7000066207  |
| 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)  |
| Betty Louis   |
| 11125 NW 37th Ave   |
| Sunrise, Fl. 3335)  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Denise Anelys  5241 W Hilsbord Bld 133  COronut Cyeek FL 330 3  |
| 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 of yan authorized by the board, or the corporation has been notified in writing of the change.  |
| Signature of an officer or director  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.  3-13-15  Date |
| If signing on behalf of an entity:  |
| Typed or Printed Name   |

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