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SECRITARY OF STATE
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JUN 2 6 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sunshine Transport Solutions INC

Name of Corporation

P1800026944

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:

Lucero Arbelaez

Name of Contact Person

Sunshine Transport Solutions Inc

Firm/Company

3873 East S.R. 46

Address

Sanford FL 32771

City/State and Zip Code

onetransportsolution@gmail.com

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

For further information concerning this matter, please call:

Lucero arbelaez

,407 \48

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

Tallahassec, FL 32301

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

1. The name of the corporation. Lucero Arbelaez 2. The principal office address. 3873 East S.R 46 Sanford FL 32771 3. The mailing address (if different): Po Box 2898 Sanford FL 32772 4. Date of incorporation/qualification: 03/20/2018 Document number: P18000026944 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) Lucero Arbelaez 713 Bean Lane Orlando FL 32803 6. The name and street address of the new registered agent (if changed) and /or registered office of its registered agent (if changed) and /or registered office agent. (if changed) are supported 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. Lucero Arbelaez Signature of an officer or address or flesh accorpt the appointment as projectored agent and agree to accomplete performance of my duties, and I am familiar visit and accept the abligation of my position as registered agent. Or if this document is theirig filed merely to reflect a change in the registered address. I hereby confirm that the corporation has been notified in writing of this change. March Signature of Registered Agent 18 signature of Arbelaez Typed or Frincel Name Position Florida of Same Typed or Frincel Name	statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or regist	nized under the laws of the Sta	nte of Florida
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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 * * *