# P1800030429

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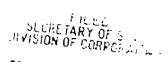
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#### **COVER LETTER**



2018 MAY 29 AM 11: 40

TO: Amendment Section Division of Corporations

SUBJECT: RGM AUTO TRANSPORT INC

Name of Corporation

DOCUMENT NUMBER: P18000030429

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:

### REINALDO GUIROLA MANES

Name of Contact Person

### RGM AUTO TRANSPORT INC

Firm/Company

#### 13959 TIMBERLAND DR

Address

#### **ORLANDO FLORIDA 32824**

City/State and Zip Code

#### RGMAUTOTRANSPORT@GMAIL.COM

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

For further information concerning this matter, please call:

REINALDO GUIROLA MANES

Name of Contact Person

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA
		or registered agent, or both, in the State of Florida.
1. The name of	the corporation: RGM AUTO	TRANSPORT INC
2 The principa	al office address: 3895 WOO	D THRUSH DR
, z. The principe		FLORIDA 34744
3. The mailing	address (if different): 3895 W	OOD THRUSH DR
	KISSIMME	E FLORIDA 34744
4. Date of inco	rporation/qualification: 03/29/	2018
5. The name ar		gistered agent and registered office on file with the
	REINALDO GUIROLA	MANES
	3959 TIMBERLAND	
	ORLANDO FLORIDA	32824
6. The name ar (if changed)	•	tered agent (if changed) and /or registered office
	REINALDO GUIROLA	A MANES H DR
	3895 WOOD THRUS	H DR F
		D. Box NOT acceptable
	KISSIMMEE FLORID	A 34744
The street add as changed wi	ress of its registered office and the identical.	he street address of the business office of its registered agent,
Such change y authorized by	vas authorized by resolution duly the board, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.
<del>4</del>	2	REINALDO GUIROLA MANES (PRESIDENT)
Signa	ture of an officer or director	Printed or typed name and title
I further agree performance of agent. Or. if t	e to comply with the provisions of of my duties, and I am familiar w his document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.
		5/18/12
S	ignature of Registered Agent	Date
If signing on b	pehalf of an entity:	
	Typed or Printed Name	_
	-16-20-01-1-1-1-1-1	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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