P18000054706

(R	Requestor's Name)		
(A	Address)		
(A	Address)		
(C	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MA	JL	
(B	Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			

Office Use Only



100338946671

01/21/29- 01030--005 ++30.00

2020 KLR 12 KH 9: 05

R0 (Ch8

MAR 1 3 2020' I ALBRITTON

COVER LETTER

TO:		- •	•
	Division of Corporations		
SURJ	ECT: JAPP LOGISTICS INC		
Name	of Corporation		
DOC	UMENT NUMBER: P18000054706		
The ci	nclosed Statement of Change of Registered O	office/Agent and fo	ee are submitted for filing.
Please	return all correspondence concerning this m	atter to the follow	ing:
	IILLA SOSA		
Name	of Contact Person		
JAPP	LOGISTICS INC		
Firm/0	Company		
7501 C	CITRUS AVE #265		
Addre	ess		
GOLD	DENROD, FL 32733		
City/S	State and Zip Code	-	
	JAPPLOGISTICS@GMAIL.CO)M	
E-ma	il address: (to be used for future annual re	port notification)
	`		,
For fu	rther information concerning this matter, plea	ase call:	
PRISC	CILLA SOSA	at (407	800-1335
	Name of Contact Person)800-1335 ode & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the De		
		-	

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

CR2E045 (04/13)



February 18, 2020

PRISCILLA SOSA 7501 CITRUS AVE #265 GOLDENROD, FL 33733

SUBJECT: JAPP LOGISTICS INC

Ref. Number: P18000054706

We have received your document for JAPP LOGISTICS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00003551

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: JAPP LOGISTICS INC
	office address: 7501 CITRUS AVE #265
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 06/15/2018 Document number: P18000054706
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	PRISCILLA SOSA
	5703 RED BUG LAKE RD. #201
	PRISCILLA SOSA 5703 RED BUG LAKE RD. #201 WINTER SPRINGS, FL 32708
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	PRISCILLA SOSA
	1623 BOMI CIR.
	P.O. Box NOT acceptable WINTER PARK, FL 32792
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Vigilation	Priscille 5052 - Tresi dent
I hereby accept I further agree of my duties, an document is bel corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance tad I am familiar with and accept the obligation of my position as registered agent. Or, if this ting filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change.
Turul	01/15/2020
	nature of Registered Agent Date
	chalf of an entity:
PRISCILLA SO:	SA yped or Printed Name
•	Shea or connect ranne

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

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