

P18 000054804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

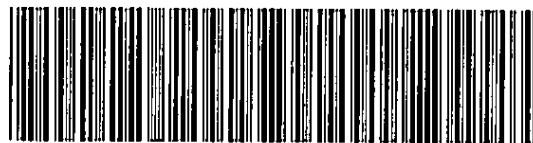
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

HC 9/17/2021  
HJC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Change of street address of the registered agent  
Name of Corporation

DOCUMENT NUMBER: P18000054804

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:

Jaime Ramos

Name of Contact Person

JD Committed Transport Corp

Firm/Company

403 Watervale Dr

Address

Saint Augustine, FL 32092

City/State and Zip Code

jdcommitted@yahoo.com

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

For further information concerning this matter, please call:

Yeney Velazquez

Name of Contact Person

at (786) 343 2181

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

CR2E045 (04/13)

**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 Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JD Committed Transport Corp
2. The principal office address: 403 Watervale Dr, Saint Augustine, FL 32092
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/19/2018 Document number: P18000054804
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)

Jaime Ramos

5970 NW 114th St

Hialeah, FL 33012

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jaime Ramos

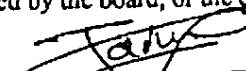
403 Watervale Dr.

P.O. Box NOT acceptable

Saint Augustine, FL 32092

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 or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jaime Ramos 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.*

  
Signature of Registered Agent

08/31/2021

Date

If signing on behalf of an entity:

Jaime Ramos

Typed or Printed Name

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

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

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