

P18 000082457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

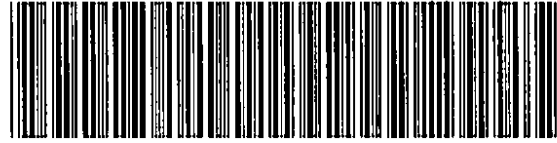
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Logistic Events Corp.  
Name of Corporation

DOCUMENT NUMBER: P18000082457

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:

Humberto Alvarez  
Name of Contact Person

Logistic Events Corp.  
Firm/Company

8355 W. Flagler Street  
Address

MIAMI, FL 33144  
City/State and Zip Code

Accounting@LogisticEventsCorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Humberto Alvarez at 305, 956-6292  
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**

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: LOGISTIC EVENTS CORP.  
2. The principal office address: 8355 W. FLAGLER STREET  
MIAMI, FL 33144  
3. The mailing address (if different): (same as above)  
4. Date of incorporation/qualification: 10/01/18 Document number: P18000082457

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)

Humberto Alvarez  
13210 SW 132 AVE  
MIAMI, FL 33186

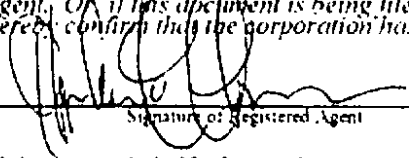
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed).

Humberto Alvarez  
8355 W. FLAGLER STREET STE 259  
P.O. Box NOT acceptable  
MIAMI, FL 33144

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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	_____ Printed or typed name and title
<i>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.</i>	
 _____ Signature of Registered Agent	<u>03.06.19</u> _____ Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03 12)