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COVER LETTER

TO:	Amendment Section Division of Corporations	
SHRJI	ECT: Simplex Transportation Management S	ervices, Inc.
Name	of Corporation	
DOCU	JMENT NUMBER: P19000000254	
The en	closed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
Giselle	Del Amo	
Name	of Contact Person	
Zumpa	no Castro, PLLC	
Firm/C	Company	
500 S.	Dixie Highway, Suite 302	
Addres	SS	
Coral C	Gables, FL 33143	
City/St	tate and Zip Code	
	giselle.ortizdelamo@zumpano	ocastro.com
E-mai	l address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, p	olease call:
Giselle	Del Amo	at (305) 503-2990 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	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

statement of c	change is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of Florida		
		r registered agent, or both, in the State of Florida.		
1. The name of	of the corporation: SIMPLEX TRANS	SPORTATION MANAGEMENT SERVICES, INC.		
	oal office address: 7500 NW 52ND ST			
3. The mailing	g address (if different):			
4. Date of inc	orporation/qualification: 01/01/2019	Document number: P19000000254		
	and street address of the current regis partment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	DIAZ, RIGOBERTO			
	7500 NW 52ND ST.	-69		
	STE 100, MIAMI, FL 33166			
6. The name a		red agent (if changed) and /or registered office		
	Z C R SERVICES, INC.			
500 S. DIXIE HIGHWAY, SUITE 302				
	CORAL GABLES, FL 33146	P.O Box NOT acceptable		
The street add as changed w	dress of its registered office and the identical.	street address of the business office of its registered agent.		
Such change authorized by	was authorized by resolution duly a sale authorized by resolution duly a sale authorized by resolution has b	adopted by its board of directors or by an officer so been notified in writing of the change.		
	goberto Diaz	Rigoberto Diaz		
I hereby acce I further agre of my duties, document is t corporation t	te to comply with the provisions of and I am familiar with and accept the being filed merely to reflect a change to been notified in writing of this coordinately.	Printed or typed name and title gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.		
	who fum four	7/11/2023		
	Signalan of Registered Agent	Date		
If signing on	behalf of an entity:			
Carlos Zumpa	no Director	_		
	Typed or Printed Name	- NC FFF. 535.00 * * *		

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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 (04/13)