

P19000012306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

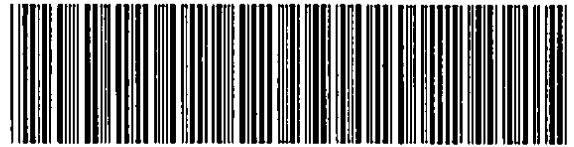
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JUN 4 2019
T. L. L. L. L.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **Z TRANSPORTER INC**

Name of Corporation

DOCUMENT NUMBER: **P19000012306**

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:

ZOLTAN HUSZAR

Name of Contact Person

Z TRANSPORTER INC

Firm/Company

680 CHRISTINA DRIVE APT 302

Address

ROYAL PALM BEACH, FL, 33414

City/State and Zip Code

zolinemx@yahoo.com

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

For further information concerning this matter, please call:

ZOLTAN HUSZAR

Name of Contact Person

at (**312**) **6222461**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2019

ZOLTAN HUSZAR
680 CHRISTINA DR APT 302
ROYAL PALM BEACH, FL 33414

SUBJECT: Z TRANSPORTER INC
Ref. Number: P19000012306

We have received your document for Z TRANSPORTER 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 officer or director needs to sign the document.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 819A00009929

RECEIVED

2019 JUN -3 AM 11:10

RECEIVED
TALLAHASSEE, FL

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: Z TRANSPORTER INC
2. The principal office address: 680 CHRISTINA DRIVE APT 302
ROYAL PALM BEACH, FL, 33414
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/05/2019 Document number: P19000012306

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)

5301 W HILLSBORO BLVD APT303

COCONUT CREEK, FL, 33073

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

680 CHRISTINA DRIVE APT 302

ROYAL PALM BEACH, FL, 33414

P.O. Box NOT acceptable

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.

JH
Signature of an officer or director

ZOLTAN HUSZAR
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.

JH
Signature of Registered Agent

04/28/2019

Date

If signing on behalf of an entity:

ZOLTAN HUSZAR

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE