## P19000055602

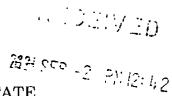
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Dusings Entity Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Letter Number: 821A00018060

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2021

LOVETTE DOBSON 17350 STATE HWY 249 SUITE 220 HOUSTON, TX 77064 US

SUBJECT: BENEDETTI FREIGHT INC

Ref. Number: P19000055602

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: BENEDETTI FREIGHT INC		
Name of Corporation		
DOCUMENT NUMBER: P19000055602		
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:		
LOVETTE DOBSON		
Name of Contact Person		
INCFILE.COM LLC		
Firm/Company	<del></del>	
17350 STATE HWY 249 STE 220		
Address		
HOUSTON, TX 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, pleas	se call:	
LOVETTE DOBSON	at (888 )462-3453 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Dep	partment of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	

Amendment Section **Division of Corporations** 

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## 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: BENEDETTI FREIGHT INC 2. The principal office address: 11152 CLEAR OAK CIRCLE, NEW PORT RICHEY, FL 34654 3. The mailing address (if different): 11152 CLEAR OAK CIRCLE 1020, NEW PORT RICHEY, FL 34654 P19000055602 4. Date of incorporation/qualification: Document number: 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) LEGALING CORPORATE SERVICES INC. 5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 33907 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DAWN BENEDETTI 11152 CLEAR OAK CIRCLE P.O. Box NOT acceptable NEW PORT RICHEY, FL 34654 The street address of its registered office and the street address of the business office of its registered as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change. DAWN BENEDETTI - DIRECTOR 56 Signature of an officer or 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 Age

6/28/2021

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 (04/13)