

P190000 90557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

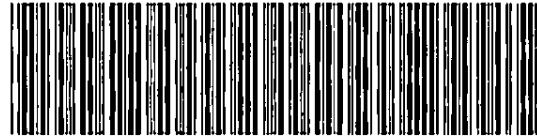
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DMITRII LOGISTICS INC  
Name of Corporation

**DOCUMENT NUMBER:** P19000090557

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:

DMITRII V CHISTIakov

Name of Contact Person

DMITRII LOGISTICS INC

Firm/Company

2097 S OCEAN DR 211

Address

HALLANDALE FL 33009

City/State and Zip Code

83dmitrii792.95@mail.ru

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

For further information concerning this matter, please call:

DMITRII LOGISTICS INC

Name of Contact Person

at (954) 405-6143

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: DMITRII LOGISTICS INC
2. The principal office address: 2097 S OCEAN DR 211  
HALLANDALE FL 33009
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: November 25, 2019 Document number: P19000090557
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)

DMITRII V CHISTIakov

1425 ATLANTIC SHORES BLVD APT 207

HALLANDALE BEACH FL 33009

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

DMITRII V CHISTIakov

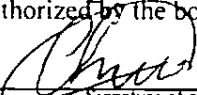
2097 S OCEAN DR 211

P.O. Box NOT acceptable

HALLANDALE FL 33009

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

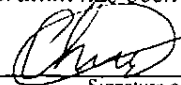
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

DMITRII V CHISTIakov, PRESIDENT

\_\_\_\_\_  
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

December 26, 2019

\_\_\_\_\_  
Date

If signing on behalf of an entity:

DMITRII VCHISTIakov

\_\_\_\_\_  
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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