P20000065868

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MAR 2 2 2023 D CUSHING

TO: Amendment Section Division of Corporations	·
SUBJECT: HNI Transport Inc Name of Corporation	
DOCUMENT NUMBER: P20000065868	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Jose M Irizarry	
Name of Contact Person	
JINI Transport Inc.	
Firm/Company	
7969 Harbor Bend Cir (previous: 4726 Hopespring Drive	
Address	<u>!'</u>
Orlando, FL 32822 (previous: Orlando, FL 32829)	
City/State and Zip Code	
•	
jinitransportine@gmail.com	
E-mail address: (to be used for future annual re	2023 JAN
	10 miles
For further information concerning this matter, pleas	eo colli
To future unormation concerning this matter, pied	se can:
Jose M Irizarry	3 4977675 3 3 TE
Name of Contact Person	at (407) 4977675 35 25 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	ir di ⇔
is increased by it \$550,000 ender made payable to the beg	and them of other.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	7,0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
in orde	r to change its registered office or r	egistered agent, or both, in the State of Florida.
L. The name of t	the corporation: JINI Transport Inc.	
	office address: 7969 Harbor Bend Ci	rcle
Orlando, F1, 328		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 8/19/20	Document number: P20000065868
	I street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	Cheyenne Moseley, United States Co	orporation Agents, Inc.
	5575 8. Semoran Blvd. 36	
	Orlando, FL 32822	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Jose M Irizarry	202
	7969 Harbor Bend Circle	3 J. R.
	P	O. Box NOT acceptable
	Orlando, FL 32822	
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its registered agent.
Such change wanthorized by the	as authorized by resolution duly ad ne board, or the corporation has been	opted by its board of directors or by an officer so:
,	1500-	Jose M Irizarry
Signald	e of an officer or director	Printed or typed name and title
l further agree i ôf my duties, an document is bei	to comply with the provisions of all ad I am familiar with and accept the	nt and agree to act in this capacity. I statutes relative to the proper and complete performance elobligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the ange.
/	10-	1/5/2023
Kig	nature of Registered Agent	Date
If signing on be	half of an entity.	
	yped or Printed Name	
	* * * 111 150	C FFF. \$35.00 * * *

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 3)

CR2E045 (04/13)