P21000101173

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: A DUENAS SA TRUCKING CORP Name of Corporation			
DOCUMENT NUMBER: P2100101173			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	l for filing.		
Please return all correspondence concerning this matter to the following:			
YISANDRA SANCHEZ			
Name of Contact Person			
Firm/Company			
Address			
HOMESTEAD FL 33032. City/State and Zip Code			
VISANDRA. SANCHEZ Q ICLOUD COM.			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
VISANDRA SANCHEZ at (3C5) 338- Name of Contact Person Area Code & Daytime	<i>5</i> :376.		
Name of Contact Person Area Code & Daytime	Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address: Amendment Section Amendment Section			

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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, 6 statement of change is submitted for a corporation organize in order to change its registered office or registere	d under the laws of the State of+LOF	ris 2104.
A DUENAS SA	TRUCKING CORP.	
2. The principal office address: 1183 NW 2642 s	ST , MIAMI FL 33127	
3. The mailing address (if different): SAME AS I	+1301€	
4. Date of incorporation/qualification: 11 29/2024	Document number: P2100010113	₹3
The name and street address of the current registered ager Florida Department of State: (If resigned, enter resigned)	nt and registered office on file with the	
ARLEY DUENAS		
1183 NW 26th ST	2023	
MIAHI, FL 33127.		
6. The name and street address of the new registered agent ((if changed):	if changed) and /or registered office	
VISANDRA SANCHEZ	STATE -	
26511 SW 146 th CT #=	214	
HOWESTEAD FL 33032.	() I' acceptable	
The street address of its registered office and the street adas changed will be identical.	dress of the business office of its registere	
Such change was authorized by resolution duly adopted be authorized by the board, or the corporation has been notified.	y its board of directors or by an officer so led in writing of the change. Ar ley Due nos. Printed or typed name and title)
I hereby accept the appointment as registered agent and a further agree to comply with the provisions of all statute of my duties, and I am familiar with and accept the obligated document is being filed merely to reflect a change in the recorporation has been notified in writing of this change. Significant exercistered Agent If signing on behalf of an entity:	ngree to act in this capacity. Is relative to the proper and complete per tion of my position as registered agent. Confirm registered office address, I hereby confirm	formance Or, if this n that the
Typed or Printed Name		

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

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