P22000016221

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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2022 JUL 22 AM II: 27

COVER LETTER

Amendment Section Division of Corporations

TO:

TRANSPORTION DELUXE CORP	
SUBJECT: TRANSPORTION DELUXE CORP. Name of Corporation	
DOCUMENT NUMBER: P22000016221	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
GIOVANNY VIGNIERO	
Name of Contact Person	
TRANSPORTATION DELUXE CORP.	
Firm/Company	
10956 NW 63R STREET	
Address	
DORAL, FL. 33178	
City/State and Zip Code	·
VIGNIERO19@HOTMAIL.COM	_
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
GIOVANNY VIGNIERO	21 (786)515-5890
Name of Contact Person	at (786)515-5890 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7,0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of FLORIE registered agent, or both, in the State of Florida.		
	he corporation: TRANSPORTATIO			
	office address: 10956 NW 63RD ST			
3. The mailing a	ddress (if different):			
	Date of incorporation/qualification: 01/21/2022 Document number: P22000016221			
5. The name and		ered agent and registered office on file with the		
	GIOVANNY VIGNIERO, AGENT			
·	17400 NW COTH AMENING ADT 1	17		
	HIALEAH, FL. 33015	· · · · · · · · · · · · · · · · · · ·		
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	2	1.
_	GIOVANNY VIGNIERO, PRESIDI	ENT	022	78E
	10956 NW 63RD STREET		1022 Jul 22	ACKUSIVE PORTON
		P.O. Box NOT acceptable		
	DORAL, FL. 33178		AH	7.7
The street addre as changed will	ss of its registered office and the s be identical.	street address of the business office of its registe	cięd a	g c nt,
Such change wa authorized by th	is authorized by resolution duly ac board, or the corporation has be	dopted by its board of directors or by an officer en notified in writing of the change.	so	
Gulle	2 Vignero	GIOVANNY VIGNIERO, PRESIDENT		
Signator	e of an officer or director	Printed or typed name and title		
I furthér agrée t of my duties, an document is bei	o comply with the provisions of a	ent and agree to act in this capacity. Il statutes relative to the proper and complete p we obligation of my position as registered agent. In the registered office address, I hereby confi- ange.	erforn Or, i rm tha	nance if this at the
6/11/16	In Vioures	6/2/2022		
Z	half of an entity:	Date		
	GNIERO, PRESIDENT			
	yped or Printed Name			

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