## P220000 44498

(Re	equestor's Name)	
DA)	dress)	
(Ād	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
	1 HORNE	
	MAY - 5 2023	

Office Use Only



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Amendment Section

## **COVER LETTER**

TO:

Division of Corporations	
SUBJECT:	N
Name of Corporation	
DOCUMENT NUMBER: P22000044498	<del></del> .
The enclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
VASILY KHACHIURIDZE	
Name of Contact Person	<del></del>
Firm/Company 13727 SW 152ND ST	
Address MIAMI, FL 33177 US	<del></del>
City/State and Zip Code vasilykhachiuridze@gmai	1.com
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, pleas	e call:
VASILY KHACHIURIDZE	at (917 9166241 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	artment of State.
Mailing Address: Amendment Section	Street Address:
	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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu hange is submitted for a corporation organized under the laws of the State of <mark>FLOF</mark> der to change its registered office or registered agent, or both, in the State of Floric	RIDA
	AMERICAN LOGISTICS CORPORATION  f the corporation:  13727 SW 152ND ST, MIAMI, FL 33177 US al office address:	
3. The mailing a	g address (if different):  O5/27/2022  Opporation/qualification:  Document number:	408
4. Date of incorp	prporation/qualification: Document number:	+90
	nd street address of the current registered agent and registered office on file with th artment of State: (If resigned, enter resigned)  LEGALING CORPORATE SERVICES INC	e
	5237 SUMMERLIN COMMONS, SUITE 400	
	FORT MYERS, FL. 33907	20 SE TAL
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	23 FEB
	VASILY KHACHIURIDZE	SST 2
	13727 SW 152ND ST,	PH
	P.O. Box NOT acceptable MIAMI, FL 33177 US	7 2
The street addre	lress of its registered office and the street address of the business office of its registered.	gistered agent,
Such change wa authorized by th	was authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
	2/17/2023	
.,	tions of an edition bandwictor Printed or typed name and title	<del></del>
l further agree t of my duties, an	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complet and I am familiar with and accept the obligation of my position as registered age eing filed merely to reflect a change in the registered office address. I hereby co as been notified in writing of this change.	ent. Or it this
	2/17/2023	
Sign	ignature of Registered Agent Date	
If signing on be	pehalf of an entity:	
T	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)