## P23000085935

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_
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## COVER LETTER

TO:

TO: Amendment Section Division of Corporations	
SUBJECT: KE BABY TRUCKING INC. Name of Corporation	
DOCUMENT NUMBER: P23000085935	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	I for filing.
Please return all correspondence concerning this matter to the following:	
TYRONE CARSON JR.  Name of Contact Person  KE BABY TRUCKING INC.  Firm/Company  1100 HWY 27 SOUTH Lhit 136678  Address  Clermont FL 34714  City/State and Zip Code  mr. tyis minding his business@gmail. com  E-mail address: (to be used for future annual report notification)	TATE STATE STATE STATE STATE
For further information concerning this matter, please call:	
Tyrone Carson Jr. at (407) 432  Name of Contact Person Area Code & Daytime	~8 78 3 Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	

Street Address: Amendment Section

**Division of Corporations** The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

Pursuant to the statement of cha	inge is submi	ned for a c		unized une	ler the laws	of the State	e ofFLOR	
1. The name of	the corporation	on: <u>K</u> E	Ваву	Truck	ing Inc			
1. The name of 2. The principal Clern	office addres	s: 1100 FL 3	) Hwy 14714	27	South	Unit	136678	
<ul><li>3. The mailing a</li><li>4. Date of incorp</li></ul>	poration/qual	ification: _	12/14/202	23 D	ocument nur	nber: Pá	13000085	935
5. The name and	l street addre	ss of the cu		agent and				
	TYRON	E CA	RLOS JR					
	1100	Huy	27 Sou	th U	nit 136	678	a. 1	
	Clern	ont	27 Sou FL 34	7/4		_	107	
6. The name and (if changed):			w registered ag			or registere	N OF S	
		HLU	y 27 P.O.B	Soute	unt nulle	136	677E	
The street addre	ss of its regi	stered offic	e and the stree	t address	of the busin	ess office	of its registere	ed agent,
Such change wa authorized by th								
	of an officer or						ARSON	JR_
I hereby accept I further agree to of my duties, and document is being corporation has	the appointn o comply wit d I am famili ng filed mere	ient as reg h the provi ar with and ly to reflec	d accept the ob et a change in t	uues reia ligation a he registe	to an in this	cuped name: capacity, roper and n as regis, ldress, I h		formance Or, if this that the
	M	·			1/:	22/202	24	
Sign If signing on bel	naury of Register				· · · · · · · · · · · · · · · · · · ·	Date		
Tyrc		uson	J.					
Тy	ped or Printed N	ime	· <del></del>					

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