

Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fex Number : (850)222-9428

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REGISTERED AGENT CHANGE

APPAREL TRANSPORTATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of				
		ered office or registered agent, or both, in the State		
of Florida.				
1. The name of t	he corporation: Apparel Transportation	on Inc	-	
2. The principal	office address: 7200 Corporate Cente	r Drive #101, Miami FL 33126	-	
3. The mailing a	ddress (if different):		-	
4. Date of incorp	poration/qualification: 05-16-95	Document number: P95000038736	-	
	d street address of the current register	ared agent and registered office on file with the	THE PRINCE SHOW	
	Del Ca	lvo, Leo	7	
-	7200 Corporate Ceuter Dr	ive #101, Miami FL 33126	19 TO	
6. The name an changed):	_	ered agent (if changed) and /or registered office (if		
-	c/o C T Corpo	ration System		
-	(P.O. Box or personal re	- ·		
-	1200 South Pine Island Ros	d, Plantation, Florida 33324		
		treet address of the business office of its registered		
John John	N- Doulov	opted by its board of directors or by an officer so in notified in writing of the change. Donald H Boadway, Secretary/Member		
I hereby accept I further agree t performance of registered agen office address, I	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a Cr, if this document is being file hereby confirm that the corporation System	(Pimied of typed name and tale) nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as d merely to reflect a change in the registered on has been notified in writing of this change.		
	governo of Registered Agent)	(Date)		
If signing on behalt	•			
	Consid H Boadway yped or Printed Name)	Secretary/Momber (Capacity)		
\ -	vr,	431		

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

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314