## P9500057424

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Continental Freight Forwarding, Inc Name of Corporation	
DOCUMENT NUMBER: P95000057424	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Raul Cremata	
Name of Contact Person	
Firm/Company	
11830 SW 107th LN	
Address	<del></del>
Miami, FL 33186	
City/State and Zip Code	<del> </del>
raul@dstllc.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Raul Cremata	at (305 \ \)300-0069
Name of Contact Person	at (305 )300-0069  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

	hange is submitted for a corporation organized under the laws of the State of Florida  der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: Continental Freight Fowarding, Inc.	
	al office address: 2301 NW 107th Ave, Suite 104, Doral, FL 33172	
3. The mailing	address (if different):	
4. Date of incor	prporation/qualification: 7/24/95 Document number: P95000057424	
5. The name an Florida Depa	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Stewart Agent Services	
	110 Merrick Way, Suite 3A	
	Coral Gables, FL 33134  Coral Gables, FL 33134  FE	
6. The name and (if changed):	ad street address of the new registered agent (if changed) and /or registered office	
	Stewart Agent Services, LLC	
	55 Merrick Way, Suite 202A	
	P.O. Box NOT acceptable	
	Coral Gables, FL 33134	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, ll be identical.	
Such change was authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Stomator	Jecico Joseph A CIONO PACSIDEN  ure of an officer or director  Printed or typed name and bile	7
	I the appointment as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete performance and am familiar with and accept the obligation of my position as registered agent. Or, if this airly filed merely to reflect a change in the registered office address, I hereby confirm that the speed to make the speed of the property of this change.	
Jan Sign	grature of Registered Agent Date	
If signing on be	ehalf of an entity:	
Louis	STIN SON Ja  Typed or Printed Name	
Ту	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)