

Office Use Only



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R. WHITE
MAY 1 8 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: D.O.C. Transport, Inc.

Name of Corporation

DOCUMENT NUMBER: <u>P98</u>000008864

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

## Francisco Omar Cruz

Name of Contact Person

D.O.C. Transport, Inc.

Firm/Company

PO Box 126337

Address

Hialeah, Fl 33012

City/State and Zip Code

abarredok@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angel Luis Barredo

<sub>at</sub> 305

824-1318

Name of Contact Person

Area Code & Davtime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\frac{1}{2}$ for the configuration organized under the laws of the State of Figure 1.	Florida	his ———	-
1. The name of t	the corporation: D.O.C. Transport, Inc.			
2. The principal	office address: 9815 NW 117 WAY, MEDLEY, FL 33178			
	ddress (if different): P.O. BOX 126337 J.H., FL 33012	<del></del> ·		
4. Date of incorp	poration/qualification: 01/26/1998 Document number: P9800	000886	34	
	I street address of the current registered agent and registered office on file withment of State: (If resigned, enter resigned)	ith the		
	Socarras, Frank			
	250 Catalonia Ave. Suite 504			
	Coral Gables, FL 33134	And	18 HAY 17	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of	fice , 2		
	Socarras & Associates		PH 2:	
	9769 South Dixie Hwy, Suite 101		57	
	P.O. Box NOT acceptable	* ن		
	Pinecrest, FL 33156			
The street addre as changed will	ess of its registered office and the street address of the business office of its be identical.	s registere	ed age	nt.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so		
× lum				_
I hereby accept I further agree to performance of agent. Or, if the	the of an officer or director  the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and commy duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	iplete i as regist	ered ;, I	
Soula Sign	Advised 5/10/18 nature of Registered Agent Date			<u>.</u>
	half of an entity:			
trank _	Socarra Mangel			

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