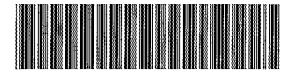
## P98000042180

*			
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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MARLINS TRUCKING, INC. (Name of corporation)
DOCUMENT NUMBER: P9800042180
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:
(Name of person)
BURTOLIN & ASSOCIATES P.A. (Name of firm/company)
(Name of firm/company)
524 S. ANDREWS AND STE 101 N (Address)
(Address)
FT- LAUDERDALE FC 33301 (City/state and zip code)
For further information concerning this matter, please call:
To ratio momento concerning the mater, prease can.
Sonia Bortozio at (954) 523-2223 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

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

	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th	
	ed for a corporation organized under the laws of the State of FLORIDA	in order
to change its regis. "	tered office or registered agent, or both, in the State of Florida.	
1. The name of the	corporation: MARLINS TRUCKING, INC.	
2. The principal of	fice address: 5209 NW 74th AVE	<u></u>
<u> </u>	MIAMI, FL 33166	<del></del>
3. The mailing add	Iress (if different): P.O. BOX 11505	<u> </u>
	.FT. LANDERDALE, FL 33339	
4. Date of incorpor	ration/qualification: 05/11/1998 Document number: P980000	42180
5. The name and so Florida Departm	treet address of the current registered agent and registered office on file with the nent of State:	
_	LUSIMAR COSTA	
	1240 SW 12th AVE P	£ 8
_	POMPANO BEACH, PL 33069	SE SI
6. The name and so (if changed):	treet address of the new registered agent (if changed) and /or registered office	29 PM
	GABRIEL LUCAS	
_	(P.O. Box or personal mailbox NOT acceptable)	
	,	
	MIANI, FL 33166	
The street address changed will be in	s of its registered office and the street address of the business office of its registere dentical.	ed agent, as
Such change was the board, or the c	authorized by resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	authorized by
(Sign	LUSIMAR CUST A  Relative of additiver or director)  (Printed or typed name and title	e)
I furthèr agrée to duties, and I am f being filed merelv	ne appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete per, amiliar with and accept the obligation of my position as registered agent. Or, if to the reflect a change in the registered office address, I hereby confirm that the cor witing of this change.	formance of my his document is poration has
	MIN 10-22-03	
(\$	gnatut (1) Registered Agent) (Date)	
If signing on beha	he of an entity:	
	The state of the s	
(	Typed or Printed Name) (Capacity)	

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