## Odalys Torres 10010 SW 4th St Miami, FL 33174 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time ☐ Will wait Photocopy Certificate of Status Mail out **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Fictitious Name Limited Partnership

Reinstatement Trademark Other

Examiner's Initials

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

		ons 607.0502, 617.050 zed under the laws of t		.1508, Florida Statutes,
				stered agent, or both, in
the State of Flori	da.			<u>-</u>
1. The name of the	ne corporation:	-yly Transpo	rt Inc.	
<u> </u>	·			
2. The mailing ad	dress of the corpor	ration: <u>10010</u> S	w 4 St, Mia	mi, FL 33174
3. Date of incorp	oration/qualification	on: <u>09/29/1999</u>	Document numb	per: <i>P99000087101</i>
4. The name and	address of the curre	ent registered agent and	l office:	
	Odobie -	Torres		DIVER
_				9
_		) 4 ST		- 第二
5. The name and	Miami, F	L 33)74		
5. The name and	address of the new	registered agent (if cha (P. O. Box Not Acce	ptable)	ed office (if changes):
	Pedro M	. Torres		
_	10010 51			
_	Miami,	FL 33174		<del></del> .
The street address agent, as changed	s of its registered o	office and the street add	dress of the business	office of its registered
Such change was authorized, by the	authorized by reso	plution duly adopted by	y its board of director	s or by an officer so
- Fall	will for	r S		1/22/01
_		rice chairman of the board)	•	(Date)
Pedro M. 7	Or (eS V	lice - President		
Corporation, 1 her I further agree to performance of m	ed as registered ag reby accept the app comply with the pr y duties, and I am	gent and to accept serve pointment as registered rovisions of all statute familiar with and acc	vice of process for the d agent and agree to s relative to the prope ept the obligation of r	e above stated act in this capacity. er and complete ny position as
registered agent.	Mature of Registered Age	Zf	2/22/01	
If signing on behalf o	_		(2000)	
•	1. Torres ped or Printed Name)	-PF		
(Туг	ed or Printed Name)		(Capacity	<i>'</i> )

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