

(R	Requestor's Name)
(A	Address)
	Address)
1/	(dates)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
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Special Instructions to Fi	iling Officer:

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/31/2024	
Name:	Cheyanne Davis	-
Reference #	#:2537655	_
Entity Name	e: MIAMI FREIGHT 8	SHIPPING COMPANY
Articl	les of Incorporation/Authorization	to Transact Business
Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
Disso	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
Authorized A	Amount: \$35.00	
Signature:	Oryma Paire	

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

statement of chan	ge is submitted for a c	corporation organize	607.1308, or 617.1308, i ed under the laws of the S ed agent, or both, in the S	State of Florida		
	e corporation:		REIGHT & SHIPPING CO	-		
2. The principal of	office address:	1012	10125 N.W. 116TH WAY, STE 6			
2. The principal o	Thee address	MEDLEY, FL	33178			
3. The mailing ad	dress (if different):	<u>_</u>				
4. Date of incorporation/qualification: 28/09/1990 Document num						
5. The name and s		urrent registered age	nt and registered office o			
	ST	EWART AGENT SE	RVICES LLC			
_		110 MERRICK	WAY,			
-	SUITE	3A CORAL GABLE	ES, FL 33134 US	SECRALLA		
6. The name and s (if changed):	street address of the ne	ew registered agent ((if changed) and /or regis			
_		Cogency Glob	al Inc.			
	11	15 North Calhoun Si	treet, Suite 4	<u> </u>		
-		PO Box N	OT acceptable	3 5 7 7 5		
-		Tallahassee, Flori	da 32301			
			dress of the business of y its board of directors of led in writing of the cha	fice of its registered agent		
admonized by the	The corporation	atton has been notif				
Signature	Out officer or director		JEFFREY HALL Printed or typed name and fille			
I hereby accept the further agree to of my duties, and document is being corporation has be	to appointment as reg comply with the prov I am familiar with a g filed merely to refle been notified in writin	gistered agent and a visions of all statute nd accept the obliga set a change in the r ng of this change.	igree to act in this capa is relative to the proper ition of my position as r egistered office address	city. and complete performance egistered agent. Or, if thi s, I hereby confirm that th		
/s/ Xavian Brown			10/31/24			
Signa	ture of Registered Agent	 -	Date			
If signing on beh	alf of an entity:					
	Cogency Global	<u> </u>				
Тур	ed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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