P12000096948

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300244519623

02/11/13--01011--027 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

13 FEB | PH 2:55

R.A.

FEB 1 2 2013 **T. BROWN**

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: K 1 TRANSPORT INC Name of Corporation
DOCUMENT NUMBER:
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 Contact Person
Firm/Company
16850 Collins Ave # 112670 Address
Sunny ISLE Pl, 33/60 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (786) 352 – 3200 Area Code & Daytime 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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: K1 TRANSPORT INC
2. The principal office address: 16850 Collins Ave #112670
Sunny Isles P 33/60
3. The mailing address (if different): 16850 Collins Ave # 112670 Sunny ISles FL 33160
4. Date of incorporation/qualification: 11-26-12 Document number: P120000913948
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Paul Davis 6850 Collins ave Ste 12670 Ste 1
TORSE GONZALEZ
16850 Collins AVE STE 112670 5 3
Sunny IS/OS PC 33/60
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of anothic or director Ni CHOLAS TLiA Scott Printed or typed name and title
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Feb 4 2013
Senature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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