

L16000/10286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** #1 TRANSPORTATION LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMAD KHIR RABATA  
Name of Person

#1 TRANSPORTATION LLC  
Firm/Company

11542 LAKE WILLIS DRIVE  
Address

ORLANDO, FLORIDA 32821  
City/State and Zip Code

speedytaxi16@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNA RABATA at ( 407 ) 600-2758  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

**#1 TRANSPORTATION LLC**

1. Name of the limited liability company: _____	
2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> 11542 LAKE WILLIS DRIVE _____	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> 11542 LAKE WILLIS DRIVE _____
_____	_____
ORLANDO, FLORIDA 32821	ORLANDO, FLORIDA 32821
_____	_____
06/07/2016	L 16000110286
3. _____	4. _____
Date of filing/registration in Florida	Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Khir Rabbatta

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
7212 Dr. Phillips Blvd. - Ste. 50-171  
\_\_\_\_\_

Orlando \_\_\_\_\_, FL 32819

2011 OCT 27 PM 4:32  
 ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
 DATE 11-13-2013 BY 60322 JRS/STP

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mohamad Khir Rabata

NEW Registered Office Address:  
11542 Lake Willis Drive

Orlando \_\_\_\_\_, FL 32821

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mohamad K Rabata

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent