Fax: 8134365206

Division of Corporations

## Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE **ESEN TRANSPORTATION LLC**

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10/27/2023 11:10:3G PDT

To: 18506176383

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From: Registered Agents Inc.

## Fax: 8134365206

## 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. N	ame of the limited liability company:	RTATION LLC	
2. (a)		(b)	
. , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/13/23		0185417
3.	Date of filing/registration in Florida	- <del></del>	Document number
	CINIDA'S ELOBIDA LLC	1,	Breamen Hannet
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. c	of State
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	8051 N. TAMIAMI TRAIL SUITE E6		
	SARASOTA FL_	34243	
(b)	Northwest Registered Agent LLC		207
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
			AFFIR FIL 2023 OCT 27
	7901 4th St N		
	NEW Registered Office Address:		P 0 2
	STE 300		ယ္က
	St. Petersburg	33702	
the cha agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered bility company f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
-	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided elv reflect a change in the registered office address. I have in scriting of this change.  Taylor Newman - Assistant Se	performance of I for in Chapta uereby confirm	d my duties, and Lam tamiliar with and accept
Signati	re of Registered Agent		