1100055280

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| L. SELLERS | | | | |
| JUN 1.4 2011 | | | | |
| EXAMINER | | | | |

Office Use Only



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SEGRETARY OF STATE

COVER LETTER

| TO: Registration S Division of Co | ection orporations | 25 (3 15) | , | | |
|---|-----------------------------------|---------------------|------------------|--|--|
| SUBJECT: | . D | <u>ynamic T</u> o | wing Servi | ce, LLC | |
| | | | Liability Cor | | |
| Dear Sir or Madam: | | | | eli e e e E e e e e e e e e e e e e e e e e | |
| The enclosed Register | ed Agent/Regist | tered Office C | Change and fe | e(s) are submitted for filing. | |
| Please return all corre | e) | * | | | |
| Please return all corre | spondence conce | erning this ma | atter to the fol | llowing: | |
| | **** | a ta | | | |
| · Ma | aileen¹Y. Rosad | do: | | | |
| | aileen Y. Rosad Name of Person | | | | |
| | | | | | |
| Dynamic | c Towing Servi | ce, LLC | | | |
| | Firm/Company | | | | |
| , | ţ | • | | | |
| 2 | 990 NW 156 St | | - | | |
| | 71441035 | | | | |
| · Miami | Gardene El 1 | 33054 | | | |
| City | Gardens, FL 3 | 33034 | | | |
| | | | | | |
| E-mail address: (to be a | osado@yahoo | .com | | | |
| E-mail address: (to be i | used for future annual | report notification | n) | | |
| For further informatio | n concerning thi | s matter, plea | se call: | | |
| | | *** *** *** | | | |
| Maileen ` | Y. Rosado | at (| 305_) | 401-2892 | |
| · Name of | Person · | 334 | Area Cod | le & Daytime Telephone Number | |
| STREET/COU | RIER ADDRESS | S: | MAILING | ADDRESS: | |
| Registration Section | | | | Registration Section | |
| Division of Corporations | | | | Division of Corporations | |
| Clifton Building 2661 Executive Center Circle | | | | P.O. Box 6327 Tallahassee, Florida 32314 | |
| Tallahassee, Flo | | | Tallanassee | e, Florida 32314 | |
| | check for the fo | llowing amo | unt: | | |
| \$25 Filing F | ⁷ ee | | \$55 Filin | g Fee & Certified Copy | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: | Dynamic Towing Service, LLC | | |
|--|---|--|--|
| 2. (a) Principal office address of limited liability com | 0000 NRM 450 OL | | |
| (Note: MUST BE STREET ADDRESS) | Miami Gardens, FL 33054 | | |
| | | | |
| (b) Mailing address of limited liability company: | 2990 NW 156 St. | | |
| (Note: MAY BE POST OFFICE BOX) | Miami Gardens, FL 33054 | | |
| | | | |
| 05/09/2011 | L11000055280 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown | | | |
| Registered Agent: | Angel Rosado | | |
| Registered Office Address: | 2990 NW 156 St | | |
| | Miami Gardens, FL 33054 | | |
| | mam oardonoj i <u>a oooo</u> , | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or | | | |
| NEW Registered Agent: | Maileen Y. Rosado | | |
| NEW Registered Office Address: | | | |
| (MUST BE FLORIDA STREET ADDRESS) | .FL | | |
| | ,FL | | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be is liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as one of the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Maileen Y. Rosado Printed or typed name of signee | the Florida street address of the registered office dentical. Or, in the case of a Florida limited | | |
| | I have to not in this are not in the | | |
| I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hareby confirm that the limited liability comp Signature of Registered Agent | na agree 10 act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change. | | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00