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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Security Division of Cor | | | · | |
|---|---|---|--|---------------|
| | MOVING SERVICING LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | Amendment and fee(s) are sub | | | |
| | Sebastien J. Noel | | | |
| | | Name of Person | | |
| | CARTIER MOVING SER | VICING LLC | | |
| | | Firm/Company | | |
| | 304 NW 57 ST | | | FASE |
| | | Address | 3 | AC AC |
| | Oakland Park FL 33309 | | cation) | ASS. |
| | | City/State and Zip Code | | in. |
| | cartiermovingservicesllc@g | | | FLO FLO |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report notificall: | cation) | ASSEE FLORIUP |
| Sebastien J. Noel | | 954 628-2249 | | |
| Name o | of Person | | Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| MAIL | ING ADDRESS: | STREET/COURIE | CR ADDRESS: | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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| (Principal office address MUST BE A STREET ADDRI | ESS) |
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| | (ESS) |
| | |
| Enter new principal offices address, if applicable: | |
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| The new name must be distinguishable and contain the words "Limit | ited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| • | ited Liability Company "the decignation "LLC" or the abbrayiation "LLC" |
| CARTIER MOVING SERVICES, LLC. | |
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| CARTIER MOVING SERVICES, LLC. | |
| • | ited Liability Company" the designation "LLC" or the abbreviation "LLC" |
| The new name must be distinguishable and contain the words "Limit | ited Liability Company," the designation "LLC" or the abbreviation "LLC." |
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| D IC | tough office address on our records anter the name of the new |
| | tered office address on our records, enter the name of the new |
| registered agent and/or the new registered office addr | |
| <u>registered agent and/or the new registered office addr</u> | ress nere: |
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| | |
| Name of New Registered Agent: | |
| Name of New Registered Agent: | |
| Name of New Registered Agent: | |
| | Enter Florida street address |
| Name of New Registered Agent: | Enter Florida street address |
| Name of New Registered Agent: | |
| Name of New Registered Agent: | Enter Florida street address , Florida |

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Address</u> **Title** <u>Name</u> _□ Add _□ Remove ☐ Change □ Add _□ Remov ☐ Change _□ Add ☐ Remove □ Change _□ Add ☐ Remove _□ Change _□ Add □ Remove _□ Change

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| f an eff <u>Note:</u> | ive date, if other than the date of filing: |
| e red The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| J ated | 4-24-17 Stast |
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Page 3 of 3

Filing Fee: \$25.00