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COVER LETTER

Division of Corporations
SUBJECT: TIME! Transportation UC, 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:
Curta word Name of Person
Timely transportation LLC, Firm/Company
10241 Sw 224th Terr Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
COTHOLUNDO at (1786) 805.8025. Name of Person) Area Code & Daytime Telephone Num
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.	Na	me of the limited liability company: TIMELY TRANSPORTATION LLC
2.	(a) _	Principal office address of limited liability company: Mailing address of limited liability company:
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		5950 SW 74m Ct 8950 SW 74m Ct
		204 214
		2701 A-106 Miami FL 33156 2201- FT-106 Miami FL 3318
		03/02/2017
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	
	(-)	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		8950 SW 74th Ct
		Miam. FL 33156 7
	(b)	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		10241 DW 224th ter
		10291 120 227
		Hiami , FL 33190
Ifti	he li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the	char	nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was	s/we	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
ute	aru	cles of organization or the operating agreement of the limited liability company. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
S	ignat	ure of a member or authorized representative of a member Printed or typed name of signee
nro	wiei	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the complete performance of my duties, and I am familiar with and accept the complete performance of my duties, and I am familiar with and accept the complete performance of my duties, and I am familiar with and accept the complete performance of my duties, and I am familiar with and accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with an accept the complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties, and I am familiar with a complete performance of my duties.
to i	oou nere	gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been In writing of this change.
16U	.,.ca	Thursday William
Sig	natur	e of Registered Agent
		Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)