

L01000017533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

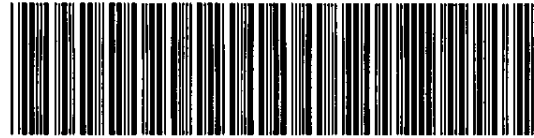
(Business Entity Name)

(Document Number)

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COMPTROLLER OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 12 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSBRAZIL 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:

VITOR HUGO SPIER

Name of Person

TRANSBRAZIL TRANSPORTATION LLC

Firm/Company

105 GRACE AVE

Address

CELEBRATION, FL, 34747

City/State and Zip Code

VHSP@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VITOR HUGO SPIER

Name of Person

at (786) 400 0006

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 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: TRANS BRAZIL TRANSPORTATION LLC

2. (a) Principal office address of limited liability company: 1111 SW 1ST AV # PH123
MIAMI FL 33130
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: SAME
(Note: MAY BE POST OFFICE BOX)

OCTOBER 12, 2001
3. Date of filing/registration in Florida

L01000017533
4. Document number

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

Registered Agent: VITOR HUGO SPIER

Registered Office Address: 1111 SW 1ST AVE # PH123
MIAMI FL 33130

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

NEW Registered Agent: VITOR HUGO SPIER

NEW Registered Office Address: 105 GRACE AVE
(MUST BE FLORIDA STREET ADDRESS) CELEBRATION FL 34747

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.

Vitor Hugo Spier
Signature of a member or authorized representative of a member

VITOR HUGO SPIER
Printed or typed name of signee

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 608, 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.

Vitor Hugo Spier 12/6/2013
Signature of Registered Agent

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

