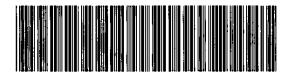
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
, (Bu	siness Entity Nar	ne)	
. (Dualites Limity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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SECRETARY OF STATE OF CORPORATION

T. HAMPTON

OCT 1 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Finch Transportation, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
John Finch Name of Person		
Finch Transportation, LLC		
Firm/Company		
181 Lynn Dr. Address	· 	
Santa Rosa Beach, FL 32459 City/State and Zip Code		
jfi@web30a.com E-mail address: (to be used for future annual report noti	fication)	
For further information concerning this matter.	, please call:	
	at (<u>850</u>) <u>650-6333</u>	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number 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:	Finch Transportation, LLC		
2. (a) Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	181 Lynn Dr. Santa Rosa Beach, FL 32459		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
6/2/2003	L03000019870		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	John T. Brown		
Registered Office Address:	126 NE Eglin Pkwy. Ft. Walton Beach, FL 32548		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>John Finch</u>			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	181 Lynn Dr. Santa Rosa Beach ,FL32459		
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 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 was 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. Signature of member or authorized representative of a member John Finch 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 not durage, and I am familiar with and accept the obligations of my position as registered agent as provided for an Chapter 608, F.S. Or, if this document is being flied 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. Signature of Registered Agent			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00			

INHS18 (05/08)