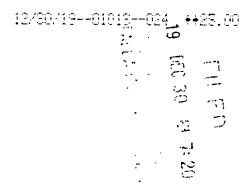
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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JAN 2 9 2020 S. YOUNG

COVER LETTER

Division of Corporations		
SUBJECT: ECO-TRANSIT LLC Name of Limited Li		
Name of Limited Li	ability 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 f	following:	
POSEE CARDNER Name of Person		
ECO -TRANSIT LLC Firm/Company		
78:30 W. ALLWEDA AKE # 105 Address		
LAKE WOOD CO FOZZE City/State and Zip Code		
Tameil address: (to be used for future annual report notific	cation)	
For further information concerning this matter, please call:		
PECER GARDNER at (303 Name of Person) 929 -9099 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee ☐ \$5	☐ \$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.

2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	78 SC. W. KLAMEDS AVE UNIT 1	<u>: </u>	765616 ALLARON AXE, UNITTE
	Lixtenaco co eccze.		LARROUXEN CC GEZZG
2	Z Z Z Z Z Z Z Z Z Z	- - 4.	LC+CCCCU673 Document number
3.	• •	٦.	177cament hamiter
5. (a)	ROGER F. GALDHER		
	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. 61 State:
	Registered Office Address (MUST BE FLORIDA STREET A	-	
	3270 NE 1277 ST # 502	5c7	355. " YOUR BIXID NOT
	P	720	ESS 3 + 1 : 10
	THE STATE OF THE S		1
(b)			F 33 T 1
(17)	Enter name of NEW Registered Agent and/or NEW Registered	Office addi	1985: 3 1 T
			3 3
	PECEL 7 CHIDNER		
	NEW Registered Office Address:		
	3.212 NE 12 ST # 50:2		· ·
			
	PERIPOSE RETEN , FL	330	: 4.32
If the 1	imited liability company is not organized under the law		
change	or changes are made, the Florida street address of the	registered	office and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o	bility con f the limit	ipany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
the arti	icles of organization or the operating agreement of the	limited lia	bility company.
	ture of a member or authorized representative of a member		Printed or typed name of signee
3			

Signature of Registered Agent