1040000 35503

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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05 AUG -8 ATTIO: 32



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 13, 2005

DAMIAN DIAZ 6955 NW 77 AVENUE, STE. 206 MIAMI, FL 33166

SUBJECT: NORTH AMERICAN TRANSPORT SERVICES. LLC

Ref. Number: L04000035503

We have received your document for NORTH AMERICAN TRANSPORT SERVICES. LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 005A00046269

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COVER LETTER

Amendment Section

Division of Corpora	tions		
SUBJECT: NORTH AMER	ICAN TRANSPORT SERV	ICES LLC	
SOBJECT.	(Name of co		
DOCUMENT NUMBER:_	_04000035503		
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are submit	ted for filing.
Please return all corresponde	ence concerning this matter	to the following:	
DAMIAN			
	(Name of cor	ntact person)	
NORTH AME	RICAN TRANSPORT SEF (Firm/Co		
6955 NW	77 AVENUE, SUITE 206 (Addi	ress)	
MIAMI,	FL 33166		
	(City/state ar	nd zip code)	
For further information conc	erning this matter, please c	all:	TAL SE
DAMIAN DIAZ		at (305) 805-9	TT (G) 3
(Name of cor	tact person)	(Area code & daytir	ne telephone number)
Enclosed is a \$35.00 check r	nade payable to the Depart	ment of State.	AM 10: 32
Ame Divi P.O.	ling Address: endment Section sion of Corporations Box 6327 ahassee, FL 32314	Street Address: Amendment Sec Division of Corp 409 E. Gaines St Tallahassee, FL	tion >> orations reet

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. The name of the limite	ed liability company is:	NORTH	AMERICAN TRAI	NSPORT SERVICES,	
2. The mailing address o					
MIAMI, FL 33166				_	
MAY 10, 2004			L04000035503		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the registe Florida Department of	ered agent and the regist State: LINCOLN FONTAN		address as shown o	on the records of the	
	10000 WEST BAY I	Name HARBOR	DRIVE, SUITE 3		
	BAY HARBOR ISLA				
	City,	State and Z	ip	05 ზე	
6. The name and address	of the new registered ag	ent and/or	office:	5 AL	
	LINCOLN FONTAN	ILLS			
	6955 NW 77 AVE, SUITE 206			SSEE N	
	Florida street address	(P.O. Box	NOT acceptable)	M 10: 32	
	MIAMI,	FL 3316	66	32 NE 31DA	
	City, St	tate and Zij			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limited that the limited liability conconfirmed that after the candidate of the limited that after the candidate of the limited liability conconfirmed that after the candidate of the limited liability conconfirmed that after the candidate of the limited liability confirmed that after the candidate of the limited liability company, it is here.	hange or changes are man the registered agent will reby confirmed that the ed liability company or a pf the limited liability confirmed that the limited liability confirmed the liability con	ade, the Flo Il be identic change(s) as otherwise ompany.	ws of the State of Forida street address cal. Or, in the case was/were authorized provided in the art	lorida, it is hereby of the registered office of a Florida limited by an affirmative vote of ticles of organization or	
(Signature of a member or author	rized representative of a member	r)			
DAMIAN DIAZ					
(Printed or typed name of signee					
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address I hereby confirm	intment as registered ag is of all statutes relative ad accept the obligations this document is being f in that the limited liability	gent and ag to the pro s of my pos iled to mer y company	ree to act in this ca per and complete pe ition as registered c ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office a writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

(Signature of Registered Agent)

FILING FEE: \$25.00