W4000084859

(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



700055574607

06/117/115--n1032--nns **25,nn

M-84859

SILVERMAN & RILEY

ATTORNEYS AT LAW

1601 Blake Street, Suite 310 Denver, Colorado 80202

Telephone (303) 623-6966 Fax (303) 623-4812

May 31, 2005

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Florida 32314

Re:

All Pro Van Lines of Florida, LLC

Dear Clerk:

Enclosed please find All Pro Van Lines of Florida, LLC's Change of Registered Agent along with a check in the amount of \$25.00.

Thank you.

Very truly yours,

Lori K. Bernstein

u K Bes

LKB:jpg enclosure

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 limited liability company is:

All Pro Van Lines of Florida, LLC

2. The mailing address of the limited liability company is: 1571 W. Copans Rd. Suite 101

Pompano Beach, Florida, 33044

11/22/2004

L04000084859

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name
604 Stanton Drive

Address
Ft. Lauderdale Florida, 33326

City, State and Zip

6. The name and address of the new registered agent and/or office:

3. Date of filing/registration in Florida

Louis Massaro / Neighbors Moving & Storage,

Name
1571 W. Copans Rd. Suite 101

Florida street address (P.O. Box NOT acceptable)

Pompano Beach _{FL} 33044

City, State and Zip

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.

(Signature of a member or authorized representative of a member)

Louis Massaro
(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.

Vous Museu 8
(Signature of Registered Agent)

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

FILING FEE: \$25.00