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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 of Status Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Energy Transport LLC (Name of Limite	ed 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 r	matter to the following:
Jonathan R. Williams, Esq. (Name of Person)	
Jonathan R. Williams, P.A. (Firm/Company)	·
P.O. Box 9247	
(Address)	
Daytona Beach, FL 32120	
(City/State and Zip Code)	
For further information concerning this matter, pl	ease call:
Jonathan R. Williams, Esq. at (386) 338-0674
(Name of Person)	(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 an	nount:
✓ \$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.

agein, or som, mine s	are of 1 tortua.			
1. The name of the lim	ited liability company is: <u>E</u>	nergy Transport, LLC		
2. The mailing address	of the limited liability comp	oany is : 507 Loomis Ave., Da	ytona Beach, F	<u>L 32</u> 114
12-06-2004		L04000090209		·
Date of filing/regist	ration in Florida	4. Document number	•	
5. The name of the regineration of the region of the regio		ed office address as shown on the	ne records of the	
•	James Ferullo			
	N	ame		
	507 Loomis Ave.			
		dress	2007 NOV	
	Daytona Beach, FL 3	32114		es representa
	City, Sta	ate and Zip	## Q	area estate El E
6. The name and addre	ss of the new registered agen	at and/or office:	55 J	eran eran
	Jonathan R. William	s, P.A.	지수 교	
	Nar		PM 3: 05 DH STATE CHLORIDA	() () economical
	149 S. Ridgewood Av	ve., Suite 220	205 205	
	Florida street address (P	P.O. Box NOT acceptable)	> G	
		EL 32114		
	City, State	e and Zip		
confirmed that after the and the business office liability company, it is of the members of the or the operating agreem (Signature of a member or aut	change or changes are made of the registered agent will be hereby confirmed that the change of the liability company or hent of the limited liability company or horized representative of a member)	der the laws of the State of Florie, the Florida street address of the identical. Or, in the case of a nange(s) was/were authorized by as otherwise provided in the art ompany.	he registered office	ce ote tion
` ''	pointment as registered agentions of all statutes relative to and accept the obligations of this document is being filerm that the limited liability c	nt and agree to act in this capac o the proper and complete perfo f my position as registered ager d to merely reflect a change in t ompany has been notified in wr	ity. I further agr rmance of my du it as provided for the registered off iting of this chan	ree to ties, : in ice ige.

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