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questor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
☐ WAIT	MAIL		
(Business Entity Name)			
(Cocument Number)			
Jan. 07, 11an 201,			
_ Certificates	of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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K. SALY EXAMINER MAY 6 2011

COVER LETTER

10:	Division of Corporations	·	
SUBJ	SUBJECT: Local Motion Taxi LLC		
	Name o	f Limited Liability Company	
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernir	ng this matter to the following:	
	Patrick Stancato	·	
	Name of Person		
	Local Motion Taxi LLC		
	Firm/Company		
· · · · · ·	15560 McGregor Blvd #	6	
	Address	•	
	Fort Myers, Fl. 33908 City/State and Zip Code		
	, ,	•	
<u>[3</u>	patstancato@comcast.n -mail address: (to be used for future annual repor	et rt notification)	
For fu	rther information concerning this ma	atter, please call:	
	Patrick Stancato	at (239) 910-3907	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	MAILING ADDRESS:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the follow	ving 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.

Name of the limited liability company:	Local Motion Taxi LLC
2. (a) Principal office address of limited liability company	211 Palermo Cir
(Note: MUST BE STREET ADDRESS)	Fort Myers Beach, Fl. 33931
(b) Mailing address of limited liability company:	211 Palermo Cir
(Note: MAY BE POST OFFICE BOX)	Fort Myers Beach, Fl. 33931
February 22, 2011	L06000014296
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Thomas E Hannum
Registered Office Address:	211 Palermo Cir Fort Myers Beach, Fl. 33931
	V Registered Office address:
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
NEW Registered Agent:	Patrick Stancato
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15560 McGregor Blvd #6
Moor be read the second	Fort Myers ,FL 33908
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwork the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Patrick Stancato	
Printed or typed name of signee	
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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