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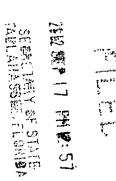
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T. CLINE

SEP 18 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trish Pilo Troug of He Averices UL Name of Limited 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 matter to the following:
Theren kings 7570 Name of Person
Trish Pul Snoup of the Inericas W
May Down Saks 815 W. Hayden Rd #A1
Sobbsdale, A285257 City/State and Zip Code
TKINGSTON 28@hofuail. Con E-mail address: (to be used for future annual report notification).
For further information concerning this matter, please call:
Trevor hings at (430) 213-7291 Name of Person at (430) 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 amount:
\$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Conv}

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.

ageni, or boin, in the state of Fibrial.	Λ 1
1. Name of the limited liability company: Truck [Who Trans of the Americas LIC
2. (a) Principal office address of limited liability company	: 464 SW POOT SK LUCIE BLUD
(Note: MUST BE STREET ADDRESS)	#115 Part 3t Lucie, ZL 34953
(b) Mailing address of limited liability company:	815 W. Handen Rd #Al
(Note: MAY BE POST OFFICE BOX)	Statodale, AZ 85257
2006/2007	2060000056172
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:	Robert Sullivan
Registered Office Address:	4372 S.US HIGHWAY 301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Pont ST Lucie GIFL 34 786
If the limited liability company is not organized under the l confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
TREVER KINGSTON	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround and I am familiar with and accept the obligations of my po. Chapter 608, F.S. Or, if this document is being filed to me address I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely 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