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SECRETARY OF STATE
ANT AHASSEE, FLORIDA

COVER LETTER

Division of Corporations			
SUBJECT: SOS Transit LLC			
(Name of Limited Liability Company)			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o the following:		
Sandor Morris	<u></u>		
(Name of Person)			
SOS Transit LLC (Firm/Company)			
(rimi/company)			
3330 Spanish Moss Terr Unit 204			
(Address)			
Lauderhill, FL, 33319	<u> </u>		
(City/State and Zip Code)			
For further information concerning this matter, please ca	II:		
Sandor Morris at (954	1) 662-5995		
(Name of Person)	(Area Code & Daytime Telephone Number)		
	AILING ADDRESS:		
	Registration Section Division of Corporations		
	•		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
□\$25 Filing Fee ✓	55 Filing Fee & Certified Copy		

INHS18 (8/05)

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	d liability company is: SOS Transit LLC	<u> </u>
2. The mailing address of	f the limited liability company is :	
3330 Spanish Moss Ten	r Unit 204, Lauderhill, FL, 33319	
6/1/2007		
3. Date of filing/registration	ion in Florida 4. Document num	nber
5. The name of the registe Florida Department of S	ered agent and the registered office address as shown of State:	on the records of the
•	Corporation Services Company	
	Name	
	2101 Hays Street	
	Address	70 32 33
	Tallahassee, FL, 32301 City, State and Zip	
C The name of 1, 11	•	E E
o. The name and address (of the new registered agent and/or office:	FILE V29 TARY HASSE
	Sandor Morris	FILED 07 JUN 29 PH 12: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	Name	الار الاراد الااال الااا الاال الااال الاال الاال الاالى الاالى الاالى الاالى الاالى الاالى الاالى الاالى الاال الاالى الاال الاال الاال الاال الاال الاال الاال الاال الالاال الالال الالالاال ال
	3330 Spanish Moss Terr. Unit 204) PATE 31
	Florida street address (P.O. Box NOT acceptable)	A
	Lauderhill, FL 33319	
	City, State and Zip	
confirmed that after the ch and the business office of liability company, it is her of the members of the lim	pany is not organized under the laws of the State of Flange or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of the eby confirmed that the change(s) was/were authorized ited liability company or as otherwise provided in the tof the limited liability company.	lorida, it is hereby of the registered office of a Florida limited I by an affirmative vote articles of organization
Sandor Morris		
(Printed or typed name of signee)	, 19 (19 (19 (19 (19 (19 (19 (19 (19 (19	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered agent and agree to act in this caps of all statutes relative to the proper and complete pel accept the obligations of my position as registered a his document is being filed to merely reflect a change that the limited liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(~-0-week or scalesoning tribuilt)		

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