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SECRETARY OF STATE

## **COVER LETTER**

TO:

INHS18 (8/05)

TO: Registration Section Division of Corporations				
SUBJECT: Kapa Transport, LLC (Name of I	Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Francia B. Snall				
Frances R. Snell (Name of Person)	<del> </del>			
Kapa Transport, LLC				
(Firm/Company)				
35 to 15 to				
P.O. Box 4050				
(Address)	,			
Sobring fl 22971				
Sebring, fl 33871 (City/State and Zip Code)				
For further information concerning this matt	ter, please call:			
Frances R. Snell	at ( 863 ) 382-8152			
(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	ng 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.

agoni, or som, m me state	oj I tortuu.					
1. The name of the limited	l liability company is	Kapa Transport, LLC			•	<del></del>
2. The mailing address of	the limited liability	company is : P.O. Box 405	0 Sebring, Fl	33871		
-	•					
8/22/2006		L06000082	635			
3. Date of filing/registration in Florida		4. Docume				
5. The name of the register Florida Department of S		istered office address as s	hown on the	record	s of tl	he
•	Frances Rana Kro	hn				
		Name		•		
	123 Karola Dr					
		Address				
	Sebring, FI 33870			Ξω	0	
	City	, State and Zip			07 OCT	
6. The name and address o	f the new registered	agent and/or office:		CRETAR	CT 29	
	Frances Rana Sne	1		SSE	ڡٛ	P)
•		Name	<del></del> .	100	H	
·	123 Karola Dr			0] LS	$\ddot{\sim}$	
	Florida street addre	ss (P.O. Box <b>NOT</b> accept	table)	NY OF STATE SEE FLORIDA	17	
	Sebring, Fl 33870	FL				
	City,	State and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent to eby confirmed that the liability compant of the limited liabil	made, the Florida street a will be identical. Or, in the change(s) was/were au y or as otherwise provide ity company.	ddress of the se case of a Fl thorized by a	registe lorida l n affiri	ered o limite nativ	office ed ervote
Frances R. Snell						
(Printed or typed name of signee)						
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	ntment as registered s of all statules relati l accept the obligatio his document is being that the limited liabi	agent and agree to act in ve to the proper and com ons of my position as regi of filed to merely reflect a lity company has been no	this capacity plete perform stered agent c change in the tified in writi	I fur ance of as prov regist ng of t	ther a of my vided ered his ch	igree to duties, for in office lange.

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