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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for :future Deannual report mailings. Enter only one email address please.

్.ఆEmail Address:_ ్లోట్లి

LLC REGISTERED AGENT CHANGE **COMFORT TRANSPORTATION LLC**

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T. LEMIEUX

APR 1 8 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

L N	ame of the limited liability company: COMFO	RT	TRANSI	PORTATI	ON LI	_C		
			(b)					
- , , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
	01/31/07	— —	 L0700	0011805				
3.	Date of filing/registration in Florida	4.		Document numb	er			
5. (a	Schneider, Donald William Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of State	- t:				
	Registered Office Address	ADDRE	<u>(SS)</u>					
	18489 Holly Road				53	~3		
	Fort Myers	L33	3967		· .	023		
(b)	Registered Agents Inc			-	-	2023 ASS 17 AM 11: 23	_	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:		<u></u>	-1	i Li	
	7901 4th St N				57.5 100 100 100 100 100 100 100 100 100 10	H HA	ζ,	
	NEW Registered Office Address:				57	22		
	STE 300				•	, _		
	St. PetersburgF	_L 337	02					
the chagent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited levere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the re liability of the l	gistered office company, it is imited liabilit	e and the business s hereby confirme y company or as	s office of ed that the	the reg	gistered e(s)	
Sion	ature of a member or authorized representative of a member			ROBIN JONE				
21211	andre of a member of additionized representative of a member			Times or Open na	in in the second			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent