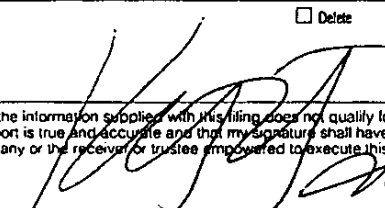


FILED
Mar 13, 2008 8:00 am
Secretary of State

02-18-2008 90077 037 ***138.75

DOCUMENT # L07000078863			
1. Entity Name H&R TRANSPORT SERVICES, LLC			
Principal Place of Business 7581 N.W. 59 WAY PARKLAND, FL 33067		Mailing Address 7581 N.W. 59 WAY PARKLAND, FL 33067	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME President/CEO ☐ Delete Rivera, Hilary		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS 7581 NW 59th Way		STREET ADDRESS	
CITY-STATE-ZIP Parkland, FL 33067		CITY-STATE-ZIP	
TITLE NAME Secretary ☐ Delete Rivera, Jose		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS 7581 NW 59th Way		STREET ADDRESS	
CITY-STATE-ZIP Parkland, FL 33067		CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE NAME ☐ Delete		TITLE NAME ☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		2-14-09 954-650-3255	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	