## L07000127379

(Requestor's Name)	•
(A.J.) A	•
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(Address)	
(City/State/Zip/Phone #)	•
PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	,
(Boodiffont Hambor)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: FEC Highway Services (Name of	s, L.L.C. f Limited Liability Company	·)
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	l Office Change and fee(s) as	re submitted for filing.
Please return all correspondence concerning	ng this matter to the followin	ıg:
Heidi J. Eddins		<b>5</b> P
(Name of Person)		SECR T
c/o Florida East Coast Railway, (Firm/Company)	L.L.C.	FILED 2008 NAR 28 PI SECRETARY OF S ALLAHASSEE. FL
10151 Deerwood Park Bivd., Bldg	a. 100, Ste. 350	으로 <sup>1</sup> ?
(Address)	<u>y ,</u>	SO SO
Jacksonville, FL 32256 (City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Heidi J. Eddins (Name of Person)	at (904 ) 996-28	32 & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADD Registration Section Division of Corports P.O. Box 6327 Tallahassee, Flori	ion orations
Enclosed is a check for the follow	ing 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 provisio liability company submit agent, or both, in the Stat	's the following statem	6 or 6 ent in	608.508, Florida Stat order to change its i	tutes, the registere	e unde ed offi	ersigned limitea ce or registerea	
1. The name of the limite	ed liability company is:	: FEC	Highway Services, L.	L.C.		· · · · · · · · · · · · · · · · · · ·	
2. The mailing address o	f the limited liability co	ompan	ny is : 7411 Fullerton	Street,	Suite	300,	
Jacksonville, FL 32256				<u> </u>			
12/27/07	L07000127379						
3. Date of filing/registrat	ration in Florida 4. Document number						
5. The name of the register Florida Department of		stered	office address as sho	wn on th	ne reco	ords of the	
	Corporation Serv	rice C	Company				
	400441 04 4	Nam	ne				
	1201 Hays Street		<del> </del>				
	Tallahaasaa El O	Addre					
	Tallahassee, FL 3		and Zip				
6. The name and address	• •		•	SECR ALLA	7008 H	711	
	Heidi J. Eddins			ETAF	HAR 2		
	7411 Fullerton Stre	Name		ξĚ.	<b>∞</b>	m	
					₩ U	Ö	
	lo ako anvilla	-	Box NOT acceptab	ATE DE	. 50		
	Jackson vine,	<u>FL</u>	32230	>			
	City, s	state a	nd Zip				
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are me the registered agent we breby confirmed that the mited liability company	nade, t rill be i e chan r or as	he Florida street addr identical. Or, in the c ge(s) was/were autho otherwise provided in	ess of that ase of a	ie regi. Florid	stered office la limited	
(Signature of a member or author	ized representative of a memb	er)					
Heidi J. Eddins (Printed or typed name of signee)							
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a ns of all statutes relatived discept the obligation this document is being that the limited liabili	gent a e to th is of m filed to ty com	ind agree to act in thi se proper and complei sy position as register o merely reflect a cha pany has been notifie	s capaci te perfor sed agen inge in ti ed in wri	ty. I formance the registing of	urther agree to e of my duties, ovided for in istered office f this change.	
(Signature of Registered Agent)	<u></u>						

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