108000044093

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone	÷#)
. PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(D	Ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	



800297362308

84/06/17--01008 -006 **25.00

SECRETARY OF STATE

Office Use Only

S Warren

APR 07 2017

COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: Florida Limousine Services LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Jeremy Tenking Name of Person			
Florida Limasi-e Services LLC Firm/Company			
8100 Park Blvd Bldg C Ste25 Address			
Pinellas Park FL 33781 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Terring Jerlein at (727) 799 2440 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 amount:			
\$25 Filing Fee \$ S55 Filing Fee & Certified Copy			
INHS 18 (2/14)			

'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.

1. Name of the limited liability company: Florida Limous, ne Services LLL
2. (a) 4037 66+55+N (b) 4037 66+5 S+N
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAYBE POST OFFICE BOX)
St. Peters burg FL 33710 St. Poters burg FL 3371
5/2/2008 L080000 44093 3. Date of fling/registration in Florida 4. Document number
_
5. (a) Truny Tenkins Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4027 /11 A
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>
St. Patarsburg FL 33700
(And the state of
ريم (۱۳ م
(b) Teremy Jenkins
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8/00 Park Blvd Bldg C Stc 25 NEW Registered Office Address:
Pinellos Park , FL 33781
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member of suthorized representative of a member Printed or typed name of signee
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 mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified inverting of this change. Signature of Relistered Agent
District of Community and D.O. Brack 2007 - Tollahores ET 20014

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

INHS18 (2/14)