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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TO TRANSPORT 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:		
Winston JACKSon Name of Person		
JTW TRANSPORT LLC Firm/Company		
74245W14Th PLACE Address		
NORTH LANDONDALE FL 33068 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (954)	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
	\$55 Filing Fee & Certified Copy	

INHS18 (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: The TRA	nsport Lic
2. (a) 74248 W/4 PL. N. Lawlet Lett 33068 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 74245W W PL. W LAWENDEWE 1-1330E Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
74245WIYM PLACE	74245WIGH PLACE
North Loudendau (563308)	North LAMONDALLE FL 33UBV
70 -29 - 08 Date of filing/registration in Florida 4.	L08000/01671
3. Date of filing/registration in Florida 4.	Document number
5. (a) Winston Jackson Registered Agent and Registered Office shown on the records of the Fl	orida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDR	ALEIX 33068
NOME LAUDENDALE FL 3	33064
	•
(b) Winston JACSON Enter name of NEW Registered Agent and/or NEW Registered Office	ce address:
. 🗫 🐠	t ventru Anthropy
NEW Registered Office Address:	
Nonth Laybendgle FL	15C330B8
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regingent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	ty company, it is hereby confirmed that the change(s) e limited liability company or as otherwise provided in
	Minskin Jackson Printed or typed name of signee
Signature of a member or authorized representative of a member	Printed or typed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent

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 filled 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.