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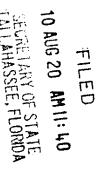
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| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
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| Certified Copies Certificates of Status | | |
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| 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: Affordable Transport PBC, 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: | | |
| | | |
| Gwen Walters | | |
| Name of Person | | |
| Affordable Transport PBC Firm/Company | | |
| 1801 S. Flagler Dr. #1202 | | |
| West Palm Beach, FL 33401 City/State and Zip Code | | |
| E-mail address: (4) be used for future annual report notification) Wringwo Aol com | | |
| For further information concerning this matter, please call: | | |
| Guen Walters at (561) 805-7739 Name of Person Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | |
| Registration Section Registration Section Division of Corporations Division of Corporations | | |
| Clifton Building P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| \$25 Filing Fee \$\times \text{S55 Filing Fee & Certified Copy}\$ | | |

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Afforda | ble Transport PBC, LLC | |
|---|--|--|
| 2. (a) Principal office address of limited liability compa | ny: | |
| (Note: MUST BE STREET ADDRESS) | 1801 S. Flagler Dr. #1202 West Palm Beau, FL 133401 | |
| (b) Mailing address of limited liability company: | | |
| (Note: MAY BE POST OFFICE BOX) | 1801 S. Flagler Dr. # 1202 West Palm Bedin, Etc. =33401 | |
| 8-27-7009 | <u> L090000 구기 회원 등 및</u> | |
| 3. Date of filing/registration in Florida | 4. Document number ASSI | |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | |
| Registered Agent: | INCORP Swices Inc | |
| Registered Office Address: | 17888 67th Court North | |
| | 33470 | |
| (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: | | |
| NEW Registered Agent: | Guen Walters | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1801 S. Fleater Dr. #1202 W. Palm Beach FL 33401 | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote | |
| Gwen Walters | | |
| Printed or typed name of signee | Lucius do not to this committee T.C. II | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to n address, I hereby confirm that the limited liability compa | agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in herely reflect a change in the registered office my has been notified in writing of this change. | |
| Signature of Registered Agent | | |

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