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JUL 3 0 2013 J. BRYAN

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: INFORMATION TRA	NSPORT SPECIALISTS, LL ed Liability Company	<u></u>
radic of Limit	ed Elacinty 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 r	matter to the following:	
KELLY E. DAWSON Name of Person		
INFORMATION TRANSPORT Firm/Company	SPECIALISTS, LLC	7813 JU
86109 FORTUNE DR Address	HA ST	2013 JUL 29 PM 2: 54
YULEE, FL 32097 City State and Zip Code		2: 54.
KELLY @ ITS PROS. NET  E-mail address: (to be used for future annual report notifies	ation)	
For further information concerning this matter, pl	lease cali:	
KELLY DAWSON at a	( 904 ) 252 - 4745 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 an	mount:	
\$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 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.

ageni, or both, in the State of Florida.	
1. Name of the limited liability company: <b>IN FORMAT</b>	TON TRANSPORT SPECIALISTS, LL
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	86109 FORTUNE DR YULEE, FL 32097
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	86109 FORTUNE DK YULEE, FL 32097
10/05/2009	L 09000096318
• • • • • • • • • • • • • • • • • • • •	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	KELLY DAWSON FOR
Registered Office Address:	86109 FORTUNE DR SE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	Registered Office address:  86109 FORTUNE DR
(MUST BE FLORIDA STREET ADDRESS)	
	YULFF ,FL 32057
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	orida street address of the registered office
Printed or typed name of signee	
I hereby accept the appointment as registered agent and agently with the provisions of all statutes relative to the product and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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