## L10000014194

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:  L. SELLERS  SEP - 9 2010  EXAMINER					

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
			ur Ride's Here LLC			
	Titality of		. 2.00	onity Company		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office (	Chang	ge and fee(s) are submitted for filing.		
Please	e return all correspondence concernin	g this m	atter 1	to the following:		
	Arash Mossafa					
_	Name of Person					
	Your Ride's Here					
	Firm/Company					
	1742 SW Biltmore St			<del></del>		
	Address					
	Port St. Lucie, FL 34984					
	City/State and Zip Code					
E	arashmossafa@yahoo.co	m notificatio	on)			
For fu	rther information concerning this ma	tter, plea	ase ca	all:		
	Arash Mossafa	at (	914	4 ) 629-4148		
	Name of Person			Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		м	AAILING ADDRESS:		
	Registration Section			egistration Section		
	Division of Corporations			Division of Corporations		
	Clifton Building			.O. Box 6327		
	2661 Executive Center Circle			allahassee, Florida 32314		
	Tallahassee, Florida 32301			,		
	Enclosed is a check for the follow	ing amo	unt:			
	\$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.

1. Name of the limited liability company:	Your Ride's Here
2. (a) Principal office address of limited liability compa	ny: 1392 N Killian Dr
(Note: MUST BE STREET ADDRESS)	Suite 1 Lake Park, FL 33403
(b) Mailing address of limited liability company:	1392 N Killian Dr
(Note: MAY BE POST OFFICE BOX)	Suite 1 Lake Park, FL 33403
06/17/2010  3. Date of filing/registration in Florida	L10000064794 4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	Arash Mossafa
Registered Office Address:	1392 N Killian Dr Suite 1 Lake Park, FL 33403
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	.FL
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  Arash Mossafa  Printed or typed name of signee  I hereby accept the appointment as registered agent and	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
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 maddress, I hereby confirm that the limited liability compa	proper and complete performance of my duties, position as registered agent as provided for in nerely 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