L100000 71681

| (Rec | questor's Name) | | | | |
|---|------------------|------|--|--|--|
| (Address) | | | | | |
| | dress) | | | | |
| (Cit) | //State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| - (Rus | iness Entity Na | me) | | | |
| (Business Entity Name) | | | | | |
| (Doc | cument Number) | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Opecial manucuons to i | ang Oncer. | | | | |
| | • | | | | |

Office Use Only



000269334400

02/12/15--01018--015 **350.00

15 FEB 12 PH 12: 51

SECRETARY OF STATE TALLAMASSEE FLORIDA

FEB 17 2015 T. CARTER

COVER-LETTER ·

TO: Registration Section
Division of Corporations

| SUBJECT: Name of | Name of Limited Liability Company | | | | | |
|--|---|--|--|--|--|--|
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this ma | atter to the following: | | | | | |
| Jamie Clark Dixon, Esq. | | | | | | |
| Name of Person | | | | | | |
| Wadsworth Huott, LLP | | | | | | |
| Firm/Company | | | | | | |
| 2401 East Atlantic Blvd., Suite 400 | | | | | | |
| Address | | | | | | |
| Pompano Beach, FL 33062 | | | | | | |
| City/State and Zip Code | | | | | | |
| jcd@wadsworth-law.com | | | | | | |
| E-mail address: (to be used for future annual | report notification) | | | | | |
| For further information concerning this matter, plea | ase call: | | | | | |
| Jamie Clark Dixon, Esq. | 954 565-3398 | | | | | |
| 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 | □ \$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.

| . Na | me of the limited liability company: FLORIDA G | ULF COA | ST TRA | NSPORTATION | N, LLC |
|----------------------------|--|---|---|--|---|
| . (a) | 230 Truck and Trailer Way | (b) | (b) 230 Truck and Trailer Way | | |
| (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | | Mailing address of limi (Note: MAY BE PO | |
| | West Palm Beach, Florida 33413 | | West Pa | alm Beach, Flori | da 33413 |
| | 7/7/2010 | | .100000 | 71681 | |
| | Date of filing/registration in Florida | _{4.} _ | | Document number | r |
| . (a) | Clark J. Davis | | | | |
| , (a) | Registered Agent and Registered Office shown on the records o | f the Florida I | Dept. of Stat | - e: | |
| | 230 Truck and Trailer Way | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | - | TA'S | |
| | | | | _ | 13.9 16. |
| | West Palm Beach | 33413 | | | B |
| (b) | Jamie Clark Dixon, Esq. | | | _ | TLED RY OF STAJ SSEE. FLORI 2 PH 12: 5 |
| () | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office add | ress: | _ | STA 1.0R 2: 5 |
| | Wadsworth Huott, LLP, 2401 East Atlantic Blvd., Suite 400 | | | TEA | TE |
| | NEW Registered Office Address: | | | | |
| | Pompano Beach , F | 33062 | | - | |
| ne cha gent was/we | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the regist liability cor of the limi | ered offic npany, it i ted liabilit | e and the business of the services sometimes to company or as of | office of the register I that the change(s) |
| | (Kuch 4 Havis | Clar | k J. Dav | | ·-··· |
| - | ture of a member or authorized representative of a member | | - | Printed or typed nam | |
| rovisi he obl o merc | by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I an writing of this change | te nertorma | nce of my | duties, and I am ta | ımılıar with and acce |

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

Signature of Registered Agent