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SECRETARY OF STATE

JUL -2 PH 12: 37 1 E

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Bala Transport, LLC						
Name o	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 t	natter to the following:					
Petr Bala						
Name of Person						
Bala Transport, LLC						
Firm/Company						
1112 S. Telephone Pt. Rd.						
Address						
Inverness, FL. 34450						
City/State and Zip Code						
petrjb66@gmail.com						
E-mail address: (to be used for future annua	l report notification)					
For further information concerning this matter, pl	ease call:					
Petr Bala	at () 476-3796					
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 an	nount:					
△ \$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: Bala Transpo	ort, LLC		
2. (a)	1112 S. Telephone Pt. Rd.	(b) 1112 S	S. Telephone Pt. Rd.	
·· (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Inverness, FL. 34450	Invern	ess, FL. 34450	_
	December 16, 2010	L10000	0128504	
	Date of filing/registration in Florida	4.	Document number	
i. (a)	Michael J. Tringali			
. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	tate:	
	2450 N. Citrus Hills Blvd.			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	Hernando , FI	34450	SECH TALLA	
(1.)	Petr Bala		4 JUL -2 SECRETARY ALLAHASSE	F
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	SEE	FILED
	1112 S. Telephone Pt. Rd.		PM 12: 37 OF STATE E. FLORID	
	NEW Registered Office Address:		TE A	
	Inverness	34450		
he cha igent w vas/we he arti	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the State of I f the registered off jability company, i of the limited liabi	Tice and the business office of the registe it is hereby confirmed that the change(s) flity company or as otherwise provided it company.	red
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
I herel provisi he obli o mere notifiec	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete eations of my fosition asyegistered agent as provide by reflect archange in the registered office address. It in writing of this change	ree to act in this co e performance of m ed for in Chapter 6 hereby confirm the	apacity. I further agree to comply with ny duties, and I am familiar with and acc 305, F.S. Or, if this document is being fi at the limited liability company has beer	he ept led 1