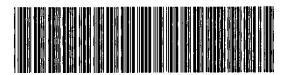
·L1101/0007252

(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:
·

6. 8 3 13

Office Use Only

B. KOHR
AUG 8 2011
EXAMINER



000210423120

08/04/11--01008--002 **25.00

14 AUG -1, AM 10: 4:6

COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: 6TW Transpo	
Name of Limited I	Diability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
	The state of the s
Gregory T. Wilkuso Name of Person	
Name of Ferson	
()TW Transport, LLC Firm/Company	
Firm/Company	
8348 UW 56th Tenace	
Address	·
Ocala, FL 34476 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please	e call:
(Gregory Wilkerson at (3	52 , 857-1869
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	nt:
X ¹ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
= 1	•

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

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited r to change its registered office or registered
1. Name of the limited liability company:	Transport, LLC 25
2. (a) Principal office address of limited liability company	· gow Transport Test Const
(Note: MUST BE STREET ADDRESS)	Ocasa, FL 34472 1/2
(b) Mailing address of limited liability company:	GTW Transport, LLC ?
(Note: MAY BE POST OFFICE BOX)	DCalo, FL 34472
January 18th, 2011	L/100007252
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Gregory T. Wilkerson
Registered Office Address:	DCala, Fr 34172
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	V Registered Office address: Gregory T. Wilkerson 8348 SW 56th Terrace OCOLO ,FL 34476-7160
If the limited liability company is not excepted under the	
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of amember or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amember or authorized representative of a member YPOON Trinted or typed name of signee	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.
confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amender or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization.

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