## L11000032037

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE
TALL ANASSEE FI COUNTY

J. BRYAN

AHG 2 2 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporation	ons						
SUBJECT:		· — — · · · ·		SS, LLC	<del></del>	<u> </u>	_
	Name of L	imited	Liability	Company			
Dear Sir or Madam:							
The enclosed Registered Age	nt/Registered O	ffice Cl	nange ar	nd fee(s) are s	ubmitted for fil	ing.	
Please return all corresponden	ce concerning	this ma	iter to th	e following:			
	Garcia						
Name of l	<sup>s</sup> erson						
P & T EXPI							
1621 SW 2			·		FALLA	SECRI	-40
CAPE CORA					HAJJE	ETARY OF STATE	TILEU 38
City/State and	Zip Code					FLORE	ا ج د
pt.express@ E-mail address: (to be used for fu	yahoo.com ure annual report no	tification)	)			部	<b>9</b> 0
For further information concer	ming this matte	r, pleas	e call:				
Taimy Garcia		at (	239)		603-2593		
Name of Person			Are	a Code & Daytime	e Telephone Numbe	ar .	
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	lirele	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for	r the following	g amou	nt:				
\$25 Filing Fee		\$55 Filing Fee & Certified Copy					

**TO:** Registration Section

## 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:	P & T EXPRESS, LLC				
2. (a) Principal office address of limited liability company	1621 SW 25th LANE				
(Note: MUST BE STREET ADDRESS)	CAPE CORAL, FL 33914				
(b) Mailing address of limited liability company:	SAME PORTE				
( <u>Note: MAY BE POST OFFICE BOX</u> )					
March 16th, 2011	L11000032037				
	4. Document number				
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:				
Registered Agent:	Taimy Garcia				
Registered Office Address:	1819 SW 30th TERR CAPE CORAL, FL 33914				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	Pedro L. Guzman  1621 SW 25th LANE				
(MUST BE FLORIDA STREET ADDRESS)	CAPE CORAL ,FL33914				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member					
Taimy Garcia	_				
Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provided 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  Signature of Registered Koon	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.				
	27 Tallahassaa El 22214				
✓ Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					