## #11100061974

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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K.SALY EXAMINER AUG 8 2012

## **COVER LETTER**

Division of Corpo	rations	
SUBJECT:	Trans Urba	ın Investments LLC
,	1 1	d Liability Company
Dear Sir or Madam:		
The enclosed Registered	Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this n	natter to the following:
	B Code, Esq ne of Person	<del> </del>
	Code Esq. P.L.	<del></del>
	W 27th Terrace	
	Coral FL 33914 te and Zip Code	
marie@n E-mail address: (to be used	narieesquire.com for future annual report notificat	ion)
For further information co	oncerning this matter, plo	ease call:
Marie B Coo		239 ) 829-0063  Area Code & Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a che	ck for the following am	iount:
\$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.

Name of the limited liability company:	Trans Urban Investments LLC
2. (a) Principal office address of limited liability comp	bany: 8961 Conference Dr. Ste 2
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33919
(b) Mailing address of limited liability company:	8961 Conference Dr. Ste 2
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33919
05/26/2011	L11000061974
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:	Code, Marie B Esq
Registered Office Address:	1202 SE 8th Place Ste B Cape Coral FL 33990
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:  NEW Registered Office Address:	1308 SW 27th Terrace
(MUST BE FLORIDA STREET ADDRESS)	Cape Coral ,FL 33914
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or as of the limited liability company or as of the limited liability company or as of the limited liability company of a member of a membe	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Marie B Code, Esq Printed or typed name of signee	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compliants of Registered Agent	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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