

L120000027533 ✓

(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:

Office Use Only



900240904839

10/19/12--01020--009 **25.00

FILED
12 OCT 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 22 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E and M International Transport LLC
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 matter to the following:

Mary Jane Brown

Name of Person

E and M International Transport LLC

Firm/Company

13846 Atlantic Blvd #809

Address

Jacksonville, FL 32225

City/State and Zip Code

mj4j@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Jane Brown

Name of Person

at (904)

233-3959

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

FILED
12 OCT 19 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: E and M International Transport LLC

2. (a) Principal office address of limited liability company: 13846 Atlantic Blvd #809

(Note: MUST BE STREET ADDRESS)

Jacksonville, FL 32225

(b) Mailing address of limited liability company: 13846 Atlantic Blvd #809

(Note: MAY BE POST OFFICE BOX)

Jacksonville, FL 32225

February 27, 2012
3. Date of filing/registration in Florida

L12000027555
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Mary Jane Brown

Registered Office Address: 4574 Swilcan Bridge Lane North
Jacksonville, FL 32224

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: _____

NEW Registered Office Address: 13846 Atlantic Blvd #809
(MUST BE FLORIDA STREET ADDRESS) Jacksonville FL 32225

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.

Mary Jane Brown
Signature of a member or authorized representative of a member

Mary Jane Brown
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mary Jane Brown
Signature of Registered Agent

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