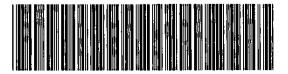
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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iov 03 2015 J. HARRIS

COVER LETTER

TO:

Registration Section

Divi	sion of Corporations					
SUBJECT:	Red Oak Transport LLC					
Name of Limited Liability Company						
Dear Sir or I	Madam:					
The enclosed	d Registered Agent/Registered Office	e Change and	fee(s) are submitted for filing	ng.		
Please return	all correspondence concerning this	matter to the i	following:			
Royce G \	Wise					
	Name of Person		_			
Red Oak	Transport LLC					
	Firm/Company		_			
PO Box 1	53					
	Address		-			
Altha FL 3	32421					
	City/State and Zip Code		_			
sargentlis	a @ outlook.com					
E-mail	address: (to be used for future annua	al report notifi	cation)			
For further i	nformation concerning this matter, p	lease call:				
Don or Lis	a Sargent	850	674-2637.			
	Name of Person		Area Code & Daytime Te	lephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.O	gistration Section vision of Corporations b. Box 6327 lahassee, Florida 32314			
Enc	losed is a check for the following a	mount:				
□ \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Co	ру		
INIEIC19 /2/1/	1)					

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.

1. N	ame of the limited liability company: Red Oak Tra	nsport	LLC				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of	of limited liabili BE POST OFF	ity comp	any:
	19610 NE Jim Durham Rd		PO E	3ox 153			
	Blountstown,FL 32424		Altha	a,FL 32421	-		
	05/01/2012		L1200	00060678			
3.	Date of filing/registration in Florida	4.		Document nu	umber		
5. (a	Royce G Wise						
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a D e pt. of	f State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>				
	19610 NE Jim Durham Rd						
	Blountstown , FI	_ <mark>3242</mark> 4	·				
(b)					F AS	201	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office at	idress:		; ;;;⊲ ≼	2015 NOV	
	Donald S Sargent				SELKETARY OF ALLAHASSEE F	JV -2	
	NEW Registered Office Address:					7	APPROPRIES
	18131 NW County Rd. 275				54	ယ္	-
					LONID	ப்	
	Altha, FI	L_32421			> '	0	
the chagent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reg iability of of the line imited	istered o company nited lia	office and the busi it is hereby confability company or company. Wise	iness office of firmed that the r as otherwise	of the re le chan e provi	egistered ge(s)
	ature of a member or authorized representative of a member			• •	ed name of sign		
_//\	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, is ed in veriting of this change. The of Registered Agent	ree to ac e perforn ed for in hereby	ct in this nance of Chapter confirm	capacity. I furth fmy duties, and I or f 605, F.S. Or, if that the limited lid	er agree to c am familiar y this documer ability compo	omply with an it is bei any has	with the d accept ing filed been

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