#L 12000084223

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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K. SALY EXAMINER JAN 18 2013

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE		ng Transport, LLC		
	Name of Limit	ed Liability Company		
Dear S	ir or Madam:			
The end	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the following:		
	Russell Schoening, Managing Memb Name of Person	er		
Schoening Transport, LLC				
	Firm/Company			
	1106 Hardwood Drive			
	Valrico, FL 33596			
	City/State and Zip Code			
E-n	russellschoening@aol.com nail address: (to be used for future annual report notifica	tion)		
For fur	ther information concerning this matter, pl	ease call:		
	Russell Schoening at (813) 389-4530		
	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 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	Tananassee, Florida 32314		
	Enclosed is a check for the following an	nount:		
[✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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:	Schoening Transport,	LLC	
2. (a) Principal office address	a) Principal office address of limited liability company:		Schoening Transport, LLC	
(Note: MUST BE STI	REET ADDRESS)	1106 Hardwood Drive Valrico, FL 33596		
(b) Mailing address of limit	ed liability company:	Schoening Trans	sport, LLC	
(Note: MAY BE POS	T OFFICE BOX)	1106 Hardwood Drive Valrico, FL 33596		
6/26/2012		L12000084	1223	
3. Date of filing/registration in	Florida	4. Document number		
5. (a) Registered Agent and R	degistered Office shown o	n the records of the Florida D	Dept. of State:	
Registered Agent:		Corporation Service Co	ompany	
Registered Office Addre	ess:	1201 Hays Street Tallahassee, FL 32301	3	
(b) Enter name of <u>NEW Re</u> <u>NEW</u> Registered Agent		EW Registered Office addressell Schoening	ess: FLO	
NEW Registered Office (MUST BE FLORIDA	Address: STREET ADDRESS)	1106 Hardwood Drive		
		Valrico	,FL_33596	
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited lior the operating agreement of the SSUL Signature of a member or authorized representations.	or changes are made, the egistered agent will be ide confirmed that the change ability company or as other limited liability company.	Florida street address of the ntical. Or in the case of a Fl	registered office orida limited	
Russell Schoening, I	Managing Member			
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptance 608, F.S. Or, if this deaderess, Thereby confirm that it is signature of Registered Agent	nt as registered agent and il statutes relative to the p ept the obligations of my p ocument is being filed to h the limited liability compa	l agree to act in this capacity, proper and complete perform position as registered agent a nerely reflect a change in the iny has been notified in writin	I further agree to ance of my duties, is provided for in registered office ig of this change.	