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COVER LETTER

Division of Corporations ,	•			
SUBJECT: Total Car Shipping Name of Limited Lia	Freight LLC bility Company			
Dear Sir or Madam:	,			
	() 1 'w 10 m'			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Person	_			
Total Cer Shipping & Freight	+ LIC			
2937 W. Cyprace Ct. Rd. #10				
Fort Landerdale Fl 3330	<u>\$</u>			
E-mail address: (to be used for future annual report notific	ation)			
For further information concerning this matter, please call:				
Name of Person	446-7783 Area Code & Daytime Telephone Number			
Mailing Address: Registration Section	Street Address: Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO: Registration Section

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. Name of the limited liability company:	Total Car (Thipping	1 Freight Le	ic
2. (a) 2937 W. Cyprus				
Principal office address of limited I (Note: MUST BE STREET	iability company:	· ·	Mailing address of limited liabil (Note: MAY BE POST OFF	lity company:
Fort Landerdal	e, Fl. 83309	Fort	Londudele Fl.	33309
				<u> </u>
3. Date of filing/registration i			-1200014587	8
3. Date of filing/registration i	n Florida 4.		Document number	
5. (a) Macuin I.	Wiener		_	
Registered Agent and Registered Office sho		orida Dept. of Sta	ate:	
2121 Porce De Le		0.000	-	
Registered Office Address (MUST BE	<u>FLUKIDA STREET ADDK</u>	<u> 12331</u>	-	
Pu.te 900		· · · · · · · · · · · · · · · · · · ·	_	
Coral Goldes	, FL	33413		-
(b) Donald Folt	}			
Enter name of NEW Registered Agent and	d/or <u>NEW Registered Offic</u>	e address:	_	
2937 W. Cypress	ck. Rd. #	= 101		
NEW Registered Office Address:			_	
			_	
Fort Landudo	رح, FL	33309	_	
If the limited liability company is not organ change or changes are made, the Florida stragent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating	reet address of the regis Florida limited liability of the members of the	stered office a y company, it limited liabili ed liability co	nd the business office of the is hereby confirmed that the ity company or as otherwise mpany.	e registered e change(s) e provided in
Signature of a member or authorized representative	e of a member	tonold 1.	First 2 Printed or typed name of signs	ee
I hereby accept the appointment as register provisions of all statutes relative to the protection as registered to merely reflect a change in the registered notified in writing of this change.	red agent and agree to per and complete perfo l agent as provided for	act in this cap rmance of my in Chapter 60	pacity. I further agree to co duties, and I am familiar v 15. F.S. Or, if this documen	omply with the with and accept at is being filed

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

Signature of Registered Agent