# LI300078647

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
| Office Use Only                         |



05/25/22--01007--017 ++25.00



K.

#### COVER LETTER

TO: Registration Section Division of Corporations

# SUBJECT: TOTAL CARGO SERVICES, 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:

Kristen Carter

Name of Person

Paracorp Incorporated

Firm/Company

2804 GATEWAY OAKS DRIVE #100

Address

SACRAMENTO, CA 95833

City/State and Zip Code

### PARACORP@MYPARACORP.COM

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

For further information concerning this matter, please call:

533-7272

<sub>at (</sub>800

Name of Person

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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:   | RGO SERVIC   | ES, LLC  |
|---|---|--|--|
| 2. (a)  |   | (b)  |  |
|   | Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )   | 、,   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)  |
|   | 10200 N.W. 110TH AVE. SUITE 1   | 102  | 200 N.W. 110TH AVE. SUITE 1  |
|   | MIAMI, FL 33178   | MI   | AMI, FL 33178  |
|   | 05/30/2013  | L13  | 000078647  |
| 3.  | Date of filing/registration in Florida  | 4.   | Document number  |
| 5. (a)  | CORPORATE MAINTENANCE SERVICES  | S, LLC   |  |
| J. (a)  | Registered Agent and Registered Office shown on the records o   | f the Florida Dept.  | of State:  |
|   | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  |  | <br>₩yyy <b>28</b>   |
|   | 1000 BRICKELL AVE., STE-400   |  |  |
|   | MIAMI F   | L_33131  | FILLAMASSE   |
| (b)   | SETH G. COHEN, ESQ.   |  |  |
| (0)   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :   |  | PH 2:25  |
|   | GRAYROBINSON, P.A.,   |  | 25   |
|   | NEW Registered Office Address:  | -  |  |
|   | 301 E. PINE ST., STE. 1400  |  |  |
|   | ORLANDO   | L 32801  |  |
| the chi<br>agent<br>was/w<br>the art<br>Signa | limited liability company is not organized under the la<br>ange or changes are made, the Florida street address of<br>will be identical. Or, in the case of a Florida limited l<br>ere authorized by an affirmative vote of the members<br>ticles of organization or the operating agreement of the<br>ature of a member or authorized representative of a member<br>ethy accept the appointment as registered agent and age<br>ligations of all statutes relative to the proper and complet<br>ligations of my position as registered agent as provid<br>rely reflect a change in the registered office address, if<br>an writing of the change. | of the registered<br>liability compar-<br>of the limited liabili<br>e limited liabili<br><u>SETH C</u> | <ul> <li>d office and the business office of the registered<br/>ny, it is hereby confirmed that the change(s)<br/>liability company or as otherwise provided in<br/>ity company.</li> <li>G. COHEN, ESQ.</li> <li>Printed or typed name of signee</li> </ul> |
| Signati                                       | ure of Registered Agent   |  |  |

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

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