Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONS

Account Number : 110432003053

: (561)694-8107

Phone Fax Number

: (561)694-1639

**Enter the email address for this business entity to be used for the annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE TRANSITION WHALE, LLC

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Corporate Filing Menu

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

		- 				
1. The name of the limited liability company is:	Transiti	on Whale, LLC	·			_
2. (a) Principal office address of the limited liability com-	napny:	4380 OAKES ROAD				_
(Note: MUST BE STREET ADDRESS)		SUITE 802 DAVIE GL 33314			<u> </u>	
(b) Mailing address of limited liability company:		4380 OAKES ROAD				_
(Note: MAY BE POST OFFICE BOX)		SUITE 802				_
		DAVIE GL_33314				•
5/1/2014		Li	4000066259			
3. Date of filing/registration in Florida		4. Document number				_
5.(a) Registered Agent and Registered Office sh	o awor	n the records of the Fl	orida Dept. o	of State:		
Registered Agent:		LÔPEZ, DAVID A				-
Registered Office Address:		5742 SW 130 AVEN	UE			_
•						_
		SW RANCHES FL 333	30	<u></u>	-4	_
the Time of the State of the St	PPSV TA			2 2 3 5 T	5	!
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	ILW KE	distance Office address:			N	
NEW Registered Agent;		Corporate Creations Net	work Inc.	- M-	<u> </u>	_{1 -
NEW Registered Office Address:		11380 Prosperity Farms F	tond #221E	m _O	a	FI - Essa
(MUST BE FLORIDA STREET ADDRESS)				- -		_(_,
		Palm Beach Gardens		10 ≯ >	- 6 -	_
If the limited liability company is not organized under the or changes are made, the Florida street address of the regidentical. Or, in the case of a Florida limited liability company the operating agreement of the limited liability company of the limited liability company of a member or authorized representative of a member of authorized representative of a memb	mpany, y compa	it is hereby confirmed that	the change(s) w	vas/were au	thorize	d by
Natasha Duke, Attorney-in-Fact (Printed or Typed name of signee)		 _				
I hereby accept the appointment as registered agent and of all statutes relative to the proper and complete perfor my position as registered agent as provided for in Chapt in the registered office address. I hereby confirm that the	mance o ter 605, e limited u ko, S i	of my duties, and I am fami F.S. Or, if this document i liability company has bee peclal Secretary	liar with and ac s being filed to n notified in wri	copt the ob- merely refle	oligation ect a ch	is of ange
INHS(8(10/99)		,	- 			
Corporate Creations International Inc.						

Corporate Creations International Inc 11380 Prosperity Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107