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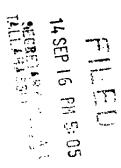
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(Bi	usiness Entity Na	me)		
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Certified Copies	Certificate	s of Status		
Special Instructions to	Eiling Officer			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		· '		
MultiTaskers Auto Group LI	LC			
	ne of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning the	nis matter to the	following:		
Maureen Grams				
Name of Person		<u> </u>		
MultiTaskers Auto Group LLC				
Firm/Company				
112 Main St				
Address				
Palatka, FL 32177		5		
City/State and Zip Code			14 SEP 16 PM 5: 05	
crackrs6@aol.com				
E-mail address: (to be used for future an	nual report notif	fication)	7 7	
For further information concerning this matter	r, please call:		. ú	
Maureen Grams	732	732-864-5079		
Name of Person	ai (Area Code & Daytime Teleph	one 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 followin	g amount:			
□ \$25 Filing Fee	☑ \$			
INHS18 (2/14)				

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.

Name of the limited liability company: MultiTaskers Transport LLC						
2. (a)	MultiTaskers Transport LLC	(h	(b) MultiTaskers Transport LLC			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	104 Gulf Course St		104 Gulf	Course St		
	Cresent City, FL 32112	_	Cresent	City, FL 32112		
	5/2/2014		L1400007	1554		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Lora LaChappelle					
J. (a)	Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	:		
	MultiTaskers Transport LLC					
	Registered Office Address (MUST BE FLORIDA STREET A	1 <i>DDRESS</i>	2			
	104 Gulf Course St					
	Cresent City .FL	32112	•			
	Mayrean Cross			· ·		
(b)				三年二		
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>dress</u> :	SI		
	MultiTaskers Transport LLC			5. 5		
	NEW Registered Office Address:	•				
	104 Gulf Course St			में प्र		
	Cresent City , FL	32112		5. OS		
the cha agent was/w the art Signa I here provis the ober notifie	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the united of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I will have the proper and complete ligations of this change.	the registability confirmation of the limited	stered office ompany, it is ited liability jability com	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany. Printed or typed hame of signee		