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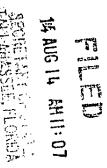
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Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 2 0 2014 C. CARROY

## 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. Na	me of the limited liability company: Obsolute Transp	wet LLC	·•	
	2440 Mereman DR (b) P.O.	Box 410	561	
2. (a) (	Principal office address of limited liability company:	Mailing address of limit	ted liability com	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POS	-	
	Halm shores, F1. 32940 -7228 mell	DOWRAG F1.	3294	1-056
3.	May 22 2014 L.  Date of filing/registration in Florida 4.	14000 8 3		
	_			
5. (a)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			
	I = I	ис.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	<u></u>		
	Tregistered office readings (International Property of Read Francisco)			
	Tallahassee ,FL 32301		<b>国籍</b>	ensie)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		震器 5	Armina Armina
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<del></del>	THE PARTY IN	7-1-6
		,		6 1 6
	2440 MERRMAN DR	<del></del>	# I : 07	*32.
	NEW Registered Office Address:		<b>2</b>	
		<del></del>		
	Palm shores FL 32940-	7228		
	mited liability company is not organized under the laws of the State of F			
agent w	nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed	l that the char	nge(s)
was/we	ere authorized by an affirmative vote of the members of the limited liabilicles of organization or the operating agreement of the limited liability co	ity company or as ot	herwise prov	/ided in
the arm				
Signat	ure of a member or authorized representative of a member	Printed or typed name	e of signee	
I hereb provision the oblination to mere notified	by accept the appointment as registered agent and agree to act in this capons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 60 ly reflect of change in the registered office address, I hereby confirm that it is writing of this change.	pacity. I further agr duties, and I am fai 15, F.S. Or, if this do t the limited liability	ee to comply miliar with a ocument is be company ho	with the and accept eing filed as been
	THE USE PORT A OAM			