L14000174100

(R	equestor's Name)	
•		
(A	ddress)	
•		
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
	-	
Certified Copies	Certificates of	of Status
	_	
	-	
Special Instructions to	Filing Officer:	

Office Use Only



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FILED SECRETARYIOF STATE TALLAHASSEE, FLORIDA

ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.134 FAX: (800) 388-0330 EMAIL: ychong@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR-/-EXPEDITE-FILING-SERVICE-

DATE: 11/26/14

FROM: Yoochul Chong

Client Matter: #

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Alped A Ride Too LCC

Enclosed is one of the following: (1) Articles of Amendment

Return request with filing: (1) Plain Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: ()

Fax/Email a copy of the filed documents upon acceptance of filing

PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61st STREET COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Need A Ride Too LLC					
Name	e of Limited Liab	offity Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	ce Change and fe	e(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the fol	llowing:			
·					
Yoochul Chong					
Name of Person		-			
Rocket Lawyer					
Firm/Company		-			
5668 E 61st ST		_			
Address					
Commerce CA 90040					
City/State and Zip Code					
ychong@attorneyscorpservice.com					
E-mail address: (to be used for future annu	ial report notifica	tion)			
For further information concerning this matter,	please call:				
Yoochul Chong	800 _ at (462-5487 x 134			
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	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314			
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

1. N	lame of the limited liability company: Need A Ride	e Too LL	C		
	Principal office address of limited liability company:				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 ((b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2481 NW 59TH ST # 901		2481 NW 59TH ST # 901		
-	BOCA RATON FL 33496		BOCA RATON FL 33496		
	November 10, 2014		L14000174100		
3.	Date of filing/registration in Florida	4.	Document number	POTENTI POTENTIA INVESTIGATA E AN	
5. (a)					
(4)	Registered Agent and Registered Office shown on the records of Marvin Diamond	of the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	CADDRESS	<u> </u>		
	2481 NW 59TH ST # 901			14	SEO
	BOCA RATON , F			DEC	AHA AHA
	1	·	,	25	SSE
(b)	Enter name of NEW Registered Agent and/or NEW Registere		····	PH	
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	ငှာ	STAT FLORI
	Legalinc Corporate Services Inc.			12	ATE RIDA
	NEW Registered Office Address:		•		-
	2846 NW 79th Avenue,		***************************************		
	Doral , F				
Signa I here provisi the oblito meeting of t	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the unroof a member or authorized representative of a member by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide all reflect a change in the registered office address, I important of this change.	nws of the softhe softhe registiability coror of the limited l	tered office and the business offic inpany, it is hereby confirmed tha ted liability company or as otherwability company. win Diamond Printed or typed name of s	te of the int the char vise prov	registered nge(s) rided in
Signatu	re of Rygistered Agent				

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