15000022062

	(Requestor's Name)	-		
	(Address)			
	(Address)	<u>.</u>		
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: A1A LIMO SERVICE,LLC	1,				
Name of Lim	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filling.				
Please return all correspondence concerning this matter	to the following:				
BASSEM M. GABALLA					
Name of Person					
A1A ELITE LIMO SERVICE,LLC					
Firm/Company					
1603 16TH TERRACE					
Address					
PALM BEACH GARDENS,FL 33418					
City/State and Zip Code					
BGABALLA@HOTMAIL.COM					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
BASSEM M. GABALLA 50	61 452-7943				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building P.O. Box 6327					
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301					
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	ame of the limited liability company: A1A ELITE LIM	o ş	SERVICE,LLC
2. (a)			(b)
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1603 16TH TERRACE		1603 16TH TERRACE
	PALM BEACH GARDENS,FL33418		PALM BEACH GARDENS,FL33418
	02/03/2015		L15000022062
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
()	Registered Agent and Registered Office shown on the records of the	Flori	ida Dept. of State:
	GABALLA, BASSEM M		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET AD.	DRES	7 JUL 3 J
	1970 WINDSOR DR APT#EAST		· 英字 是
	NORTH PALM BEACH , FL 3:	340	18
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice a	address: 20 S
	GABALLA, BASSEM M		*
	NEW Registered Office Address:		
	1603 16TH TERRACE		
	PALM BEACH GARDENS 3:	341	18
the chagent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limited liability.	of the regility in the line of	the State of Florida, it is hereby confirmed that after egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in the diability company.
7	ture of a member or authorized representative of a member	B	BASSEM M. GABALLA Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided fely reflect a change in the registered office address, I here in writing of this change.	erfori or in	act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed

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