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## **COVER LETTER**

TO:

INHS18 (2/14)

<b>FO:</b> Registration Section Division of Corporations		
SUBJECT: R & R Divinity Transport, LLC.		
	mited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Miraidy Gonzalez		
Name of Person	<del></del>	
R & R Divinity Transport, LLC.		
Firm/Company	<del></del>	
1040 N Lakement Ave		
Address	**************************************	
WinterPark, FL 32792		
City/State and Zip Code		
rrdivinity@gmail.com		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
Miraidy Gonzalez	407 274-1076	
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amour	nt:	
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy	

## 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.

l. Na	ame of the limited liability company: R&R Divin	ity Transp	ort, LLC.			
2. (a)	1030 N Lakemont Avenue	(b)	(b) 17425 NW 75Th Place #109			
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	Winter Park, FL 32792		Hialeah, FL 33	3015		
	02/06/2015	— L	15000022981			
3.	Date of filing/registration in Florida	<del>-</del> 4	Docur	nent number		
5. (a)	Miraidy Gonzalez					
). (u)	Registered Agent and Registered Office shown on the records of			2019 JUL 22 SECKLIÁNA TALLAHA		
	Registered Office Address (MUST BE FLORIDA STREET	( ADDRESS)	<del></del>			
	1030 N Lakemont Avenue			L22 PM 4:		
	Winter Park	32792	<del>,</del>	PH 4: II		
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u></u> <u>ess</u> :	) i i		
	NEW Registered Office Address:					
	1040 N Lakemont Avenue					
	Winter Park , F	32792				
the cha agent w was/wo	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 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registe liability con of the limite le limited lia	red office and the pany, it is herebed liability comp	ne business office of the register y confirmed that the change(s)		
Signa	ture of a prember or authorized representative of a member		Printed	or typed name of signec		
provisi he obl o mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provide ely reflect a change in the registered office address, d'in writing of this change	te performan led for in Ch	ce of my duties, anter 605 FS	ànd I am familiar with and acc Or-if this document is being fil		
Signatu	re of Registered Agent					

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