15000191185

(Requ	iestor's Name)	,		
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(City/S	State/Zip/Phon	ie #)		
PICK-UP	MAIT	MAIL		
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(Document Number)				
Certified Copies	Certificate	s of Status		
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2019 MAY 13 AM 8: 53

VELKOAEO

TO MAY 13 MH IN 16

T GLASS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee. FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 761263 7980980

AUTHORIZATION :

COST LIMIT : \$ 73.00

ORDER DATE : May 13, 2019

ORDER TIME : 3:13 PM

ORDER NO. : 761263-005

CUSTOMER NO: 7980980

CHANGE OF AGENT

NAME: UNIVERSAL PRIVATE TRANSPORT,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:



RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 14, 2019

CORPORATION SERVICE COMPANY

SUBJECT: UNIVERSAL PRIVATE TRANSPORT, LLC

Ref. Number: L15000191185

We have received your document for UNIVERSAL PRIVATE TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 719A00009667

2019 MAY 13 AM 8: 53

TO HAY IN PH 4: 2

COVER LETTER

TO: Registration Section Division of Corporations						
Universal Private Transport, LLC SUBJECT:	0					
	me of Limit	ted Liab	lity Company			
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Of	ffice Change	e and fee	(s) are submitted for fi	iling.		
Please return all correspondence concerning to	his matter to	o the foll	owing:			
Jessica Rivera						
Name of Person						
Universal Private Transport, LLC						
Firm/Company				(+9.1)	201	
1150 Gemini Street				三 三	2019 HAY 13	
Address	<u> </u>			17.1 12.1 12.1	13	FER
Houston, Texas 77058				: : : : : : : : : : : : : : : : : : :	A	0
City/State and Zip Code					8: 53	
jrivera@univ-wea.com				•	ω	
E-mail address: (to be used for future and	nual report r	notificati	on)			
For further information concerning this matter	, please call	l:				
Bill L. Manning	713 at (١	947-5598			
Name of Person	at (A	rea Code & Daytime To	elephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 issee, Florida 32314			
Enclosed is a check for the following	amount:					
□ \$25 Filing Fee		3 \$55 Fi	ling Fee & Certified Co	ору		
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: Universal Private	Transp	ort, LLC		
2. (a)	_1150 Gemini Street	(b	1150 G	Semini Street	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited (Note: MAY BE POST	
	Houston, TX 77058	_	Houston	, TX 77058	
		-			
	11/12/2015	_	L150001	91185	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	BREIT, RICHARD H				
	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- e:	
	8551 WEST SUNRISE BLVD				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		•	
	STE. 300				20
	PLANTATION , FL_	33322			EILI 2019 HAY 13 Secondarian Secondarian
(b)	Corporation Service Company				FILEU FILEU
•	Enter name of NEW Registered Agent and/or NEW Registered O	office add	ress:	•	A C
	1201 Hays Street				4 8 5
	NEW Registered Office Address:		····		·== ¥
	Tallahassee, FL	32301	_ 		
the cha agent v was/we	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of the of organization or the operating agreement of the limited liabers.	ne regist ility con the limit	ered office npany, it is ed liability	and the business off hereby confirmed the	ice of the registered
Bu	ture of a member or authorized representative of a member	Bill L.	Manning,	Authorized Represer Printed or typed name of	
the oblino mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided filly reflect a change in the registered office address, I her in writing of this change. Cof Registered Agent Corporation Service Company	erjormai for in Cl reby cor	nce of my a napter 605, nfirm that the Roxant	wity I further gaves	to comply with the

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