LICODO 1971

• •					
(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
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SECRETARY OF STATE TALLAHASSEE, FLORIS

02/25/16--01011--015 **25.00

FEB 2 6 2016 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		St. See	
SUBJ	ECT: Finest Transportation and E		Services LLC I Liability Company	
	Ivaii	c of Limited	т Елабиту Сопрану	
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Off	ice Change a	and fee(s) are submitted for filing.	
Please	e return all correspondence concerning the	is matter to the	he following:	
				16 FEB
Carl	os Almonte			B 25
	Name of Person			5 PH
Fine	st Transportation and Executive Se	ervices LL(C	ထု
	Firm/Company			47
1050	11 Arbor View Blvd			
	Address			
Orla	ndo FL 32825			
	City/State and Zip Code			
calm	onte6113@aol.com			
	E-mail address: (to be used for future ann	ual report no	otification)	
For fu	orther information concerning this matter,	please call:		
Carlo	os Almonte	646	210-0767	
	Name of Person		Area Code & Daytime Telephone Num	ber
	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	amount:		
,	☑ \$25 Filing Fee	۵	\$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	Tame of the limited liability company: Finest Tr	ansportation	n and Exe	cutive Services LLC	;	
2. (a)	10501 APROP VIEW ROLLI EVAPO	(h	(b) P.O. BOX 781182			
(u)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited lia (Note: MAY BE POST Of	-	•
	ORLANDO		ORLANI	DO .		
	FL 32825		FL 3287	8-1182		
	02/08/2016		L1600002	26779		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	、ALMONTE, CARLOS					
J. (a	Registered Agent and Registered Office shown on the reco	rds of the Florida	Dept. of State	e:		
	10501 ARBOR VIEW BOULEVARD		16	SEE ALL		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	FEB 25	RETAR NHASS
	ORLANDO	_, _{FL} _32825			PM	SEP. T.
(b)	Northwest Registered Agent, LLC.				8: 47	
	Enter name of NEW Registered Agent and/or NEW Registered	stered Office add	dress:	•		
	3030 N. Rocky Point Dr.					
	NEW Registered Office Address:			•		
	STE 150A				•	
	Татра	_{, FL} 33607				
the chagent was/w the arrival Sign I here provise the obto men	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of a member of authorized representative of a member erby accept the appointment as registered agent and consistency of all statutes relative to the proper and complications of my position as registered agent as properly reflect a change in the registered office addressed in writing of this change.	ess of the registed liability copers of the limited li	stered office ompany, it is ited liability iability com- los Almor	e and the business offices hereby confirmed that y company or as otherwingany. The Printed or typed name of signature.	e of the parties of the character of the	registered nge(s) rided in

Signature of Registered Agent