L16000075689

(R	equestor's Name)						
(A	ddress)						
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(C	ity/State/Zip/Phone #)						
PłCK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

HAT TO THE RIE

COVER LETTER

Division of Corporations	
SUBJECT: O. Wide Transport LLC Name of Limited Liability Compa	IN: 01-2310118
Dear Sir or Madam:	IN: 01-2310118
The enclosed Registered Agent/Registered Office Change and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter to the following:	
Ivonne Montes de Dea, MGR Name of Person Firm Company	
18173 SW 153,2 PL Address	
City/State and Zip Code	
Owide transport @ gmail · COH E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
<u> </u>	- み1 4 6 & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADI Registration Sec Division of Corp Tallahassee, Florida Section Tallahassee, Florida Tallahassee, Florida Section Registration Section Tallahassee, Florida Section	tion porations
Enclosed is a check for the following amount:	
\$25 Filing Fee \$55 Filing Fee	& Certified Copy
INHS18 (2/14)	



2016 MAY 16 PM 1:38

May 5, 2016

IVONNE MONTES DE OCA 18173 SW 153RD PL MIAMI, FL 33187

SUBJECT: O WIDE TRANSPORT LLC

Ref. Number: L16000075689

We have received your document for O WIDE 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00009488

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.	Na	ume of the limited liability company: D. Wide to	cans po	ort LL	<u> e </u>		
		Principal office address of limited liability company: (b)	18173 Mai	ling address of	3r2 limited lie	bility	• •
		(Note: MUST BE STREET ADDRESS)		Note: MAYBE			•
		Taupa, FL 33614	Miar	m, Fl	<u> </u>	TA) 1
		4/26/2016	L 160	;F 0 000	5 6	১৭	
3.		Date of filing/registration in Florida 4.		Document number			
5.	(a)	Ivonne Montes de Oca, Mngr. Registered Agent and Registered Office shown on the records of the Florida De	·				
			ept, of State:				
		Registered Office Address MUST BE FLORIDA STREET ADDRESS)			₹S		
		Jaupa, FL 33614			ECR.	6 HAY	, <u></u>
					RETANY OF STATE	91.5	e se estates e se estates properties
		, FL			41.4 TO		
	(b)	Alain Cartaya AMBR			No.	AM 10: 31	
		Enter name of NEW Registered Agent and/o NEW Registered Office addre	<u>ess</u> :		ATE	သူ	
					, T		
		NEW Registered Office Address:					
			2				
		, FL					
the age	cha ent v s/we	imited liability company is not organized under the laws of the St inge or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability comp ere authorized by an affirmative vote of the members of the limite icles of organization or the operating agreement of the limited liab	red office and pany, it is he diability compa	nd the busine ereby confine company or a any.	ess office ned that s otherw	e of the control of t	he registered change(s) rovided in
	Nia-a		onne	Monte	<u>s d</u> €	ianas	Dea, Mg
11	horoi	hy accept the appointment as registered agent and agree to act in	this capaci	itv I further	agree te	o com	inly with the
pro the	ovisi e obl mere	on accept the depondent as the proper and complete performant in the proper and complete performant in the proper and complete performant in the performant	ice of my du apter 605, I firm that the	ties, and I an IS. Or, if the e limited liab	n familia is docun ility con	ar wit nent i npany	h and accept s being filed has been
Si	gnatu	are of Registered Agent					
		Division of Corporations P.O. Box 6327	Tallahasse	e, FL 32314			

FILING FEE: \$25.00