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TO:	Registration Section Division of Corporations		
SUBJI	ECT: Arangos Transportation, LLC	3	_
	Nam	ne of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning thi	is matter to the following:	
Rona	ld Douglas Hayes		
	Name of Person		
Arang	gos Transportation, LLC	·	
	Firm/Company		
5801	N. Atlantic Avenue, #309		
	Address		
Cape	Canaveral, FL 32920		
	City/State and Zip Code		
arang	otransportation1@gmail.com		
Ē	-mail address: (to be used for future ann	ual report notification)	
For fu	ther information concerning this matter,	please call:	
Ronal	d Douglas Hayes	407 234-6698	
	Name of Person	Area Code & Daytime Telephone Number	er
	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 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
	_		
	☑ \$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

1. N	ame of the limited liability company:	ransporta	tion, LLC				
2. (a)	Arangos Transportation, LLC		(b) Arangos Transportation, LLC				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of li		•	•
	5801 N. Atlantic Avenue, #309		5801 N.	Atlantic Avenu	ue, #309	·	
	Cape Canaveral, FL 32920		Cape C	anaveral, FL 3	32920	· · · · · · · · · · · · · · · ·	
	May 26, 2017		L160000	92877			
3.	Date of filing/registration in Florida	4.		Document numb	ber		
5. (a)	Luis Arango						
(-)	Registered Agent and Registered Office shown on the records Luz A Arango	s of the Florid	la Dept. of Stat	- e:	Ha (*) Mary	17 157 30	* 1 ₂
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>(S)</u>	_		ت: دی	÷.
	1103 West Riviera Blvd						
	Oviedo	FL_32765) 	-		PH 12:	, , ,
(b)	Ronald Douglas Hayes					N	
(-)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	-			
	NEW Registered Office Address:			_			
	5801 N. Atlantic Avenue, #309		·	_			
	Cape Canaveral	FL_32920)				
the cha agent was/w was/w the art Figna I here provise the ob- to mer	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the florida limited agreement of a member or authorized representative of a member by accept the appointment as registered agent and lightions of my position as registered agent as provided a proper of this change in the registered office address d in writing of this change.	s of the reg d liability ors of the limited	istered office company, it is inited liability con LUIS	c and the busines s hereby confirm y company or as npany. <u>Printed or typed nates of the confirm of typed nates or typed nates of typed nate</u>	s office of the that the otherwise	f the reg e chang provid	gistered e(s) ed in

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