

L16000/10286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

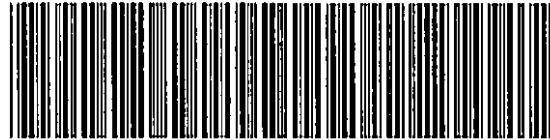
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100304904931

100304904931  
10/27/17--01031--018 \*\*25.00

2017 OCT 27 PM 4:32  
RECEIVED  
CLERK OF COURT

K. SALY  
OCT 31 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** #1 TRANSPORTATION LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHAMAD KHIR RABATA

\_\_\_\_\_  
Name of Person

#1 TRANSPORTATION LLC

\_\_\_\_\_  
Firm/Company

11542 LAKE WILLIS DRIVE

\_\_\_\_\_  
Address

ORLANDO, FLORIDA 32821

\_\_\_\_\_  
City/State and Zip Code

speedytaxi16@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNA RABATA

407

600-2758

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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 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 TRANSPORTATION LLC**

1. Name of the limited liability company: 11542 LAKE WILLIS DRIVE 11542 LAKE WILLIS DRIVE
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
11542 LAKE WILLIS DRIVE 11542 LAKE WILLIS DRIVE  
ORLANDO, FLORIDA 32821 ORLANDO, FLORIDA 32821
3. 06/07/2016 4. L 16000110286  
Date of filing/registration in Florida Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Khair Rabbatta

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7212 Dr. Phillips Blvd. - Ste. 50-171

Orlando 32819  
, FL

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mohamad Khir Rabata

NEW Registered Office Address:

11542 Lake Willis Drive

Orlando 32821  
, FL

2011 OCT 27 PM 4:32  
L. L. L. L.

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mohamad K Rabata

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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