

46000156152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

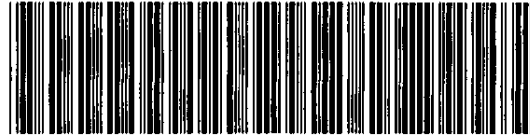
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2016

VICENT J HERRYMAN  
5161 COLLINS AVE SUITE 1002  
MIAMI BEACH, FL 33140

SUBJECT: FLASH EXPRESS LOGISTICS, LLC  
Ref. Number: L16000156152

2016 SEP 15 AM 11:12  
TALLAHASSEE, FLORIDA

We have received your document for FLASH EXPRESS LOGISTICS, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 716A00018507

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLASH EXPRESS LOGISTICS, 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:

VINCENT J HERRYMAN

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

FLASH EXPRESS LOGISTICS, LLC

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

5161 COLLINS AVE SUITE 1002

\_\_\_\_\_  
Address

MIAMI BEACH, FL 33140

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

VINCENTHERRYMAN@AOL.COM

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

For further information concerning this matter, please call:

VINCENT J HERRYMAN

at ( 305 )

305-1275

\_\_\_\_\_  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: FLASH EXPRESS LOGISTICS, LLC

2. (a) 5161 COLLINS AVE 1002 (b) 5161 COLLINS AVE 1002

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

MIAMI BEACH, FL 33140

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

MIAMI BEACH, FL 33140

08/19/2016

L16000156152

3. Date of filing/registration in Florida

4. Document number

5. (a) HENRYMAN, VINCENT J

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5161 COLLINS AVE 1002

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

MIAMI BEACH, FL 33140

(b) HERRYMAN, VINCENT J

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

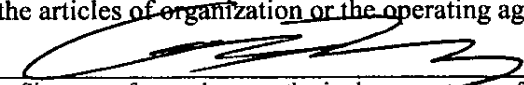
5161 COLLINS AVE SUITE 1002

**NEW** Registered Office Address:

MIAMI BEACH, FL 33140

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
Signature of a member or authorized representative of a member

VINCENT J HERRYMAN

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