

16000183474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP ☐ WAIT ☐ MAIL

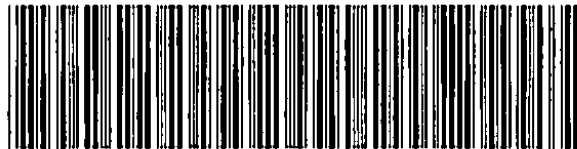
(Business Entity Name)

(Document Number)

ies _____ Certificates of Status _____

structions to Filing Officer:

Office Use Only



800338138508

12/26/19--01007--015 **39.00

JAN 27 2020

S. YOUNG

FILED
19 DEC 26 AM 7:15
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

To: E.R.S. Towing & Transport, LLC.
Name of Limited Liability Company

Mr/Madam:

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

Return all correspondence concerning this matter to the following:

Robert Evans
Name of Person

S Towing & Transport, LLC.
Firm/Company

Box 783985
Address

Her Garden FL 34778
City/State and Zip Code

stowingandtransport@yahoo.com
Email address: (to be used for future annual report notification)

For information concerning this matter, please call:

Robert Evans at (407) 234 5087
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT FOR
LIMITED LIABILITY COMPANY

To the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
is filing the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

of the limited liability company: ERS Towing & Transport, LLC.
655 E. Semoran Blvd. (b) Po Box 783985

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Suite 15
popka, FL 32703

Winter Garden, FL 34778

10/3/2016
Date of filing/registration in Florida

4.

L16000183474
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1204 Avalon Road
Winter Garden, FL 34787

Robert Evans
Name of NEW Registered Agent and/or NEW Registered Office address:

1655 E. Semoran Blvd.
Suite 15

popka, FL 32703

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
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)
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.

RE
Signature of a member or authorized representative of a member

Robert Evans
Printed or typed name of signee

I 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 provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.

RE
Registered Agent

FILED
19 DEC 26 AM 7:15
TALLAHASSEE, FLORIDA