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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: EZ SHIP LLC Name of Limited Liability Company						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
CARMEN CAROLINA APONTE LALL						
Name of Person						
EZ SHIP LLC						
Firm/Company						
2724 W 84TH STREET						
Address						
HIALEAH, FL, 33016						
City/State and Zip Code						
admin@ezshipus.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please of	all:					
CARMEN CAROLINA APONTE LALL 9:	2810266					
Name of Person	Area Code & Daytime Telephone Number					
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. Na	ame of the limited liability company: EZ SHIP LLC				
2. (a)	2724 W 84TH STREET, HIALEAH, FL,33016	(b)	(b) 2724 W 84TH STREET, HIALEAH,		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		-	FL, 3301	<u> </u>	
	16/11/2016	_	.1600020	9370	
3.	Date of filing/registration in Florida	4.	1	Document number	
F ()	11046 West Flagler Street, Hialeah, Fl, 33016	6			
5. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State:		
	11046 West Flagler Street, Hialeah, Fl, 33016	6			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	11046, West Flagler Street, Hialeah,				
	33016			7.0	
(b)					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		SSEC W		
	2724 W 84TH Street, Hialeah, FI, 33016			THE CRETARY OF STATE SECRETARY OF STATE TALLAHASSEF HORIE	
	NEW Registered Office Address:			PID OF	
	2724 W 84TH Street, Hialeah,			3-	
	G1	33016			
	, FL,		,		
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility con the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/	armen Aponte titure of a member of authorized representative of a member	CAF	MEN CA	ROLINA APONTE LALL	
Signa	ture of a member of authorized representative of a member			Printed or typed name of signee	
provis the obi to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	ee to act performa! for in C ereby co	in this capa nce of my d hapter 605, nfirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
	armen sporte				
Signatu	ire of Registered Agent /				