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## **COVER LETTER**

TO:

Registration Section

Division of Corporations						
SUBJECT: CDR TRANSPORT LLC	T: CDR TRANSPORT LLC  Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	following:				
CECILIA MERINO						
Name of Person						
CDR TRANSPORT LLC						
Firm/Company						
1004 NE 4 AVE						
Address		<del></del>				
HOMESTEAD FL 33030						
City/State and Zip Code						
cecim63@yahoo.com						
E-mail address: (to be used for future and	nual report noti	fication)				
For further information concerning this matter	, please call:					
CECILIA MERINO	305 at (	, 907-4817 FROM 9AM TO 5PM				
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	Ro Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following	g amount:					
<b>2</b> \$25 Filing Fee	□ \$	555 Filing Fee & Certified Copy				
INHS18 (2/14)						

## 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: CDR TRANS	PORT	_LC		
2. (a)	1004 NE 4 AVE	(l·	(b) PO BOX 441075		
<u> </u>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	HOMESTEAD FL 33030	_ <del></del>	MIAMI FI	_ 33144	
	11/16/2016		L1600021	0192	
3.	Date of filing/registration in Florida	4.	,	Document number	
5. (a)	RAFAEL D PENA DIEGUEZ				
J. (,	Registered Agent and Registered Office shown on the records of 1004 NE 4 AVE	f the Florida	Dept. of State:	وسميم اد المسرأ	
	Registered Office Address (MUST BE FLORIDA STREET	<u> </u>	ASS 5		
	HOMESTEAD , F	L_33030			
	CECILIA MERINO			<b>5</b>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	<u> </u>	<u>uress.</u>		
	1004 NE 4 AVE				
	HOMESTEADF	L_33030			
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regi iability co of the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	() a>	RA	FAEL DE	JESUS PENA DIEGUEZ	
	ture of a member authorized representative of a member			Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perform ed for in ( hereby c	t in this capa ance of my d Chapter 605, onfirm 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	
Signatu	re of Regis Gut Agent				
	Division of Cornerations P O	Ray 622'	7 Tallahace	200 El 22214	

**FILING FEE: \$25.00**