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(Requestor's Name)						
(Address)						
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(Business Entity Name)						
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## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: CAY Shippers of Amenia, Luc  Name of Limited Liability Company							
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:							
Ken Pitter (The Pitter Group)							
Name of Person							
Car Shippers of America, LLC Firm/Company							
Firm/Company							
1001 NING 10200 St St 700							
1001 NW 1200 St, St 200 Address							
For Lauderdale, FL 33309							
City/State and Zip Code							
E-mail address: (16 be used for future annual report notification)							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
V. 0 0:1100 002 0200							
Ken Piller at (954) 903-8385							
Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327							
2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
\$25 Filing Fee \$\text{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	me of the limited liability company:	r Shi	ppers	of Ame	nia LLC
2. (a)	Principal office address of limited liability compar		Ma	-	nited liability company:
	Mode: MUST BE STREET ADDRESS)  FOR LAUDEIDAUL, 17 33	309			OST OFFICE BOX)  1, FL 33309
2	02/27/2017			00004594	
3.	Date of filing/registration in Florida  Juan Rois	4.	Ε	Occument number	er
5. (a)			- D+ - CC+++-		1076:
	Registered Agent and Registered Office shown on the reco	nas of the Floria	a Dept. of State:	The	Pitter Errou
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRES.	<u> </u>	7900	Sequiria la
	9045 Watercrest Line		<del></del>	DOWN	land, Fi 330
	parkiand	_, FL_ 33	076	PUTE	.4110, 12 333
(b)	VOL Holdings, LLC		-		
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office ad	dress:		
	5920 NW 100th Way				<b>7</b>
	NEW Registered Office Address:				MAR SO
	Pancland Fr BBBBBB	330	76		13
		, FL 330	76		Y OF SITURE OR PHIZE
the char agent w was/we	mited liability company is not organized under the second company is not organized under the second control of the street address of a Florida limit result of the members of organization or the operating agreement of the second control of the operating agreement of the second control of the operating agreement of the	he laws of the ess of the regi ted liability co bers of the lin	state of Flori stered office a ompany, it is h	and the business nereby confirmed company or as o	office of the registered d that the change(s)
Signati	are of a member or authorized representative of a member		P	Printed or typed nam	ne of signee
I hereb provision the obli to mere notified	y accept the appointment as registered agent an ons of all statutes relative to the proper and com gations of my position as registered agent as proly reflect a change in the registered office address in writing of this change.	d agree to ac pleie perform ovided for in ( ess, I hereby c	4 to 41sta		

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