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From:	Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803	19 AR -					

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please...

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ດ. ວະ	Email Address:			-
	LLC REGISTERED AGENT CHA DIRECT CONNECT TRANSPORT		~ · · · · · · · · · · · · · · · · · · ·	
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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.

) 1071G	ame of the limited liability company: Direct Co	onne	ct Tran	sport llc			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	2636 bridle dr	2636 Bridle dr					
	Plant city FI 33566	<u>-</u>	Plant city	y Florida 335	666		
	05/01/2017		L17000095942				
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	UNITED STATES CORPORATION AGENT	S, INC					
). (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	• ১:			
	13302 WINDING OAK COURT						
	Registered Office Address (MUST BE FLORIDA STREET						
	SUITE A						
	TAMPA FI	3361	2	-			
(b)	Registered Agents Inc.						
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	· · · · · · · · · · · · · · · · · · ·	1 9		
	7901 4th St N				≜PR		
	NEW Registered Office Address:		in i	7	i		
	STE 300				*		
	St. Petersburg		2	ARIOA	AM 10: 34		
the chagent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Ritual Landson of authorized representative of a member	f the regisability cof the linited	istered office ompany, it is nited liability liability con ey Park	e and the busin s hereby confir y company or a npany. Printed or typed	ess off med thas other name of	ice of the registere at the change(s) rwise provided in	
provis the ob to mer	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I discripting of this change.	perform d for in hereby o	nance of my l Chapter 605 confirm that	duties, and I at 5, F.S. Or, if th the limited liab	m fami nis doci bility c	liar with and acce ument is being file ompany has been	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent