L17000 114742

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Dusiness Enaty Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Elling Officer			
Special Instructions to Filing Officer:			





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04/16/18--01009--029 **25.00

SECRETARY OF STAFF

FILED

COVER LETTER

TO:

Registration Section

Division of Corporations					
Blue Heron Transportation, I	Blue Heron Transportation, LLC Name of Limited Liability Company				
Nam					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ce Change and fee	e(s) are submitted for filing.			
Please return all correspondence concerning thi	s matter to the fol	lowing:			
Jefferson Aleman					
Name of Person					
Blue Heron Transportation, LLC					
Firm/Company	<u> </u>				
211 Foxtail Dr, Apt H					
Address					
Greenacres, Florida, 33415					
City/State and Zip Code					
florida@bicycleroutes305.com					
E-mail address: (to be used for future ann	ual report notifica	tion)			
For further information concerning this matter,	please call:				
Jefferson Aleman	786 at (_	5868565			
Name of Person		Area Code & Daytime Telephone Numbe			
STREET/COURIER ADDRESS:	MAI	LING ADDRESS:			
Registration Section	Regis	tration Section			
Division of Corporations		Division of Corporations			
Clifton Building		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	□ \$55	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: Blue Heron Tra	ansportatio, LL	.C
2. (a)	211 Foxtail Dr, Apt H, Greenacres, FL, 33415	(b) Same	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	May 24th, 2017	 L17000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporation Agents, Inc		
	Registered Agent and Registered Office shown on the records of the 13302 Winding Oak Court A	ate:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	Tampa , FL	33612	TALL SEC
(b)	Jefferson Aleman		ARE APR
	Enter name of NEW Registered Agent and/or NEW Registered	SSE 6	
	211 Foxtail Dr, Apt H		
	NEW Registered Office Address:		
	Greenacres	33416	
If the I	limited liability company is not organized under the law		
the cha agent v was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered off bility company, i f the limited liabi limited liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Sions	ature of a member or authorized representative of a member	JEFFE	Printed or typed name of signee
I here provis the ob to mer	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 h d in writing of this change.	ee to act in this co	anacity. I further garee to comply with the
Signate	ire of Registored Agent		