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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: I20090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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LLC REGISTERED AGENT CHANGE A.L.S TRANSPORTATION, LLC

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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.

l. Na	me of the limited liability company: A.L.S T	<u>RANS</u>	PORT	ATION, LLC		
2. (a)	2010 ANALOGELL TED		(b) 2010 NW 29TH TER			
(a)	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)		
	FORT LAUDERDALE, FL 33311		FORT	LAUDERDALE, FL 33311		
	11/28/2017	 -	L17000	243280		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LOPEZ. WILMER					
). (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	te:		
	575 W 51ST PLACE					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u>:)</u>			
	#C10			2020 JUL		
	HIALEAH	_{FL} 33012	2	- JUL		
(b)	The Property of New Registered Agent and/or New Registered Agent and/or New Registered Agent and/or New Registered Agent and/or New Registered Office Address: STE 300	red Office ad	dress:	All 9: 38		
	St. Petersburg	FL_33702	2			
the cha agent was/we the arti Signat	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and cons of all statutes relative to the proper and complete	of the regit liability costs of the limited Rile	stered office on pany, it nited liability coey Park	ce and the business office of the register is hereby confirmed that the change(s) ity company or as otherwise provided in impany. Printed or typed name of signee practive. I further agree to comply with the		
попуес	ons of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as providely reflect a change in the registered office address, din writing of this change. Bill Havre - Assisti	ided fór in i Thereby c ant Secre		15, F.S. Or, if this document is being file t the limited liability company has been		
Signatu	re of Registered Agent					