

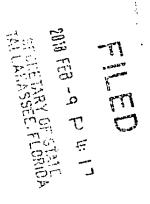
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations	:		
TransPro - Executive Place SUBJECT:	ment		
Nan	ne of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing	;.
Please return all correspondence concerning th	is matter to the	following:	
William R. Moseley			
Name of Person			
Jackson Lewis, P.C.			
Firm/Company			
501 Riverside Avenue, Suite 902			
Address		····	
Jacksonville, FL 32202			TAG 2
City/State and Zip Code			
william.moseley@jacksonlewis.com			1000
E-mail address: (to be used for future annual	ual report notifi	ication)	MA TO
For further information concerning this matter,	please call:		700 =
William R. Moseley	904 at (638-2653	製造
Name of Person	_ w \	Area Code & Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee	□ \$5	5 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.

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comply with the r with and accept ent is being filed pany has been
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00