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| (Req                      | juestor's Name)   |             |
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| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | iness Entity Nar  | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to F | Filing Officer:   |             |
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## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |  |  |
|---|--|--|--|--|
| SUBJECT: LOUIS MID TRANSPORTATION LLC 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:   |  |  |  |  |
| Milso JEAN<br>Name of Person  |  |  |  |  |
| LOUIS Nio TRANSPORTATION LLC Firm/Company   |  |  |  |  |
| 1700 NW 58TH TER<br>Address   |  |  |  |  |
| SUNRISK F 33313 City/State and Zip Code   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |
| Milso JEAN at (954) 822-1240  Name of Person Area Code & Daytime Telephone 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:   |  |  |  |  |
| S25 Filing Fee  S55 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: 100 FAC   | SARRICA UC  |
|--------------------------------|---|---|
| 2. (a)                         | Milso Jean (b)  |   |
|                                | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
|                                | 1700 NUT 58TH TER SAN   |   |
|                                | SUNRIGHT FL 33313   |   |
|                                |   |   |
| ~                              | 12 05 201   | 000248263   |
| 3.                             | Datelof filing/registration in Florida 4.   | Document number   |
| 5. (a)                         | Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat  | -<br>e:   |
|                                |   |   |
|                                | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  | -   |
|                                | 100 NW 58TH TER   | - ,   |
|                                | <u>SUNRISE</u> .FL 33313  | _ දුරු<br>_   |
| (b)                            | Malso TEall   | ر آ<br>دی   |
| (0)                            | Enter name of NEW Registered Agent and/or NEW Registered Office address:  | -<br>52   |
|                                | 1700 No BOTH TO   | ر<br>د در<br>وزی<br>در در د  |
|                                | NEW Registered Office Address:  | -<br>- (2)  |
|                                |   | ,,  |
|                                | 6.0-  | -   |
|                                | JUNKISE FL 33312  | -   |
| If the li                      | imited liability company is not organized under the laws of the State of Floinge or changes are made, the Florida street address of the registered office   | orida, it is hereby confirmed that after  |
| agent v                        | vill be identical. Or, in the case of a Florida limited liability company, it is<br>are authorized by an affirmative vote of the members of the limited liability   | s hereby confirmed that the change(s)   |
| the arti                       | cles of organization or the operating agreement of the limited liability con  | pany.   |
| Signat                         | nure of a member or author)zed representative of a member   | Printed or typed name of signee   |
| I herel                        | by accept the appointment as revistered agent and agree to act in this can  | goin: I further gaves to comply with the  |
| provisi<br>the obli<br>to mere | ons of all statutes relative to the proper and complete performance of my instance of my instance of my instance of my instance of my position as registered agent as provided for in Chapter 605 lety reflect a change in the registered office address, I hereby confirm that | auties, and I am familiar with and accept<br>F.S. Or, if this document is being filed<br>the limited liability common back. |
| notified                       | I'm writing of this change.   | те атаси наониу company nas veen  |
| Signatur                       | re differistered Apont  |   |

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