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		<u>.</u>		
(Re	(Requestor's Name)			
(Ad	(Address)			
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
(5.0	Ji Otatoi Zipii ilion	~,		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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Cartified Casino	Codificator	of Status		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:	ĺ		

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SECKETARY OF STATE

COVER LETTER

	istration Section ision of Corporations		t.			
CUD IFOT.	Eco Transporting Xpress LL	.C				
SUBJECT:		Name of Limited Liability Company				
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to	the following:			
Henry A. I	Flores					
	Name of Person					
Eco Trans	sporting Xpress LLC					
	Firm/Company					
188 East	Crystal Lake Ave #412					
	Address					
Lake Mar	y, Fl 32746					
	City/State and Zip Code					
Hafa78@	yahoo.com					
E-mail	address: (to be used for future ann	ual report n	otification)			
For further i	information concerning this matter,	please call:				
Henry A. I	Flores	407 at (488-9740			
	Name of Person	(Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building LExecutive Center Circle dahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	Enclosed is a check for the following amount:					
₩ \$	25 Filing Fee	Į	\$55 Filing Fee & Certified Copy			

. 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

I. Na 2. (a)	me of the limited liability company:	(1	o)	
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Lake Mary, FL 32746			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Feb 27, 2018	_	L18000	051675
3. 5. (a)	Date of filing/registration in Florida Henry A. Flores	4.		Document number
, (u)	Registered Agent and Registered Office shown on the records of the 188 East Crystal Lake Ave.	ne Florid	a Dept. of Si	
	Registered Office Address	DDRES	<u>2)</u>	MINOCT 15 M 8: 18 SERVICE TANK SEE. FLE
	Lake Mary . FL	32746	.	- 5 T
(b)	Kristen N. Komondoreas-Flores			SEE SEE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	
	188 East Crystal Lake Ave			
	NEW Registered Office Address: #412			
	Lake Mary , FL	32746	3	_
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility c f the lir	stered offi ompany, in nited liabil 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 company.
Signat	ture of a member or authorized representative of a member		(+E	Printed or typed name of signee
provisi the obli to merc notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the change the	ee to ac perforn I for in ereby c	t in this co nance of m Chapter 6 confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed at the limited liability company has been

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