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Office Use Only



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COVER LETTER -

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: DUNKIEY Transport 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:		
Jamar Boston Name of Person		
BUNKIEY Transport LLC Firm/Company		
4959 Belvedere road		
HaverHill FL, 33415 City/State and Zip Code		
DJJB05610 gmail. (cm E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jamar Boston at (561) 574 - 2760 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 \$\square\$ \$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.

1. Nar	me of the limited liability company: DUNKIEY TRANSPORT LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida Jamar Boston Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 4959 Belvedere (and Haver Hill FL 33415) Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Service Address: Jamas L. Boston Enter name of NEW Registered Agent and/or NEW Registered Office address: 100 NEW Registered Office Address:
	HaverHill ,FL 33415
the char agent w was/wer	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	Forman Boston ure of a member or authorized representative of a member Something Boston Printed or typed name of signee
Signatu	ure of a member or authorized representative of a member Printed or typed name of signee
provision the obligate to merel	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in the confirmation of this change.
Signature	e of Registered Agent

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