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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
(City/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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065-10-18

COVER LETTER |

Divi	sion of Corporations					
SUBJECT:	Unique Transport & Tours LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Offi	ce Change and	d fee(s) are submitted for filing.			
Please return	all correspondence concerning thi	s matter to the	e following:			
Alexis Car	reras					
	Name of Person					
Alexis Car	reras					
	Firm/Company					
3275 S Jo	hn Young Parkway STE 640					
	Address					
Kissimme	e, FI 34746					
	City/State and Zip Code					
	942@gmail.com					
	address: (to be used for future annu-	•	fication)			
For further in	nformation concerning this matter,	please call:				
Alexis Car	reras	407 at (785-8224			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section sion of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enc	losed is a check for the following	amount:				
2 S	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

TO: Registration Section

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. 8	lame of the limited liability company: Unique Trans	sport &	Tours LLC				
2. (a)	3275 S John Young Parkway STE 640 Kissi	mr (b	, Po Box	421182 Kissimmee, FI 34742			
ے. (نا _ر	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	,	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3275 S John Young Parkway STE 640		Po Box 4	421182 Kissimmee, FI 34742			
	Kissimmee,FI 34746	_	Kissimm	ee, FI 34742			
	04/16/2018		L1800009	94628			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	, Alexis Carreras						
(0	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State	: ::			
	3275 S John Young Parkway STE 640 Kiss	immee,	FI 34746	38 38			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	3275 S John Young Parkway STE 640			AA			
	Kissimmee . FI	34746		ASSS TI			
(b	Alexis Carreras			BIBAUG-6 PAREN 10 SEGRETARY OF STATE SEGRETARY SEE, FL			
Enter name of NEW Registered Agent and/or NEW Registered Office address:							
3275 S John Young Parkway STE 640 Kissimmee, Fl 34746							
	NEW Registered Office Address:						
	3275 S John Young Parkway STE 640			-			
	Kissimmee FI	34746					
the clagent was/v the are Sign I her provi	limited liability company is not organized under the lanange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members tiefes of organization or the operating agreement of the nature of a member or authorized representative of a member which accept the appointment as registered agent and ages in the proper and complete or all statutes relative to the proper and complete or a change in the registered agent as provide rely reflect a change in the registered office address. I set in writing of this change.	f the reginability coof the limited in Ale	stered office ompany, it is nited liability liability con xis Carrer	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Tas Printed or typed name of signee Therefore going to comply with the			

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