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COVER LETTER

Division of Corporations						
G&C Transporation Services I SUBJECT:	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:					
Garnet Clarke						
Name of Person						
G&C Transportation Services LLC						
Firm/Company						
4072 Coontie Ct.						
Address						
Lake Worth, FL 33462						
City/State and Zip Code						
E-mail address: (to be used for future annua	Il report notification)					
For further information concerning this matter, pl	lease call:					
Garnet Clarke	561 702-8239 at ()					
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 an	mount:					
☑ \$25 Filing Fee	☐ \$55 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.

2. (a)	4072 Coontie Ct., Lantana, FL 33462	(b)			
. (-)	Principal office address of limited liability company: (Note: MUST_BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Date of filing/registration in Florida	4.	Document number	_ - ,	
. (a)	Chandra McKinney			<u>}</u>	
. (,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:		
	4072 Coontie Ct., Lantana, FL 33462				
	Registered Office Address (MUST BE FLORIDA STREET)				
				ت.	
	FL			-,	
(b)	Garnet Clarke				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office_address:			
	NEW Registered Office Address:				
	, FI				
he cha gent v vas/wo	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered of ability company of the limited lia blimited liability	office and the business off, it is hereby confirmed the bility company or as other company.	ice of the registere at the change(s) rwise provided in	
Signa	ture of a member or authorized representative of a member	Chand	Printed or typed name of	o J	
	·		, ,	, ,	
provisi he obl o merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm	capacity. I further agree my duties, and I am Jami, 605, F.S. Or, if this doct that the limited liability ca	to comply with the liar with and accep ament is being filed ompany has been	

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