

L18000120980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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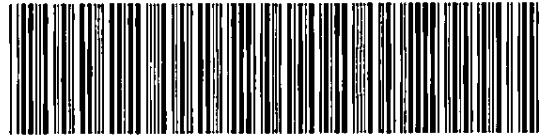
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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DEC 01 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA EXPRESS DELIVERY SERVICES 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:

CARLOS J. TOME

Name of Person

FLORIDA EXPRESS DELIVERY SERVICES LLC

Firm/Company

8715 BELLE RIVER BLVD APT.4001

Address

JACKSONVILLE, FL 32256

City/State and Zip Code

FLORIDAEEXPRESSDELIVERYSERV@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS J TOME at ( 904 ) 666-4445

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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**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. Name of the limited liability company: FLORIDA EXPRESS DELIVERY SERVICES LLC
2. (a) 8715 BELLE RIVER BLVD APT. 4001 JACKSONVILLE, FL 32256  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 8364 HUNTSMAN PL BOCA RATON, FL 33498  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 5/15/2018 Date of filing/registration in Florida
4. L18000120980 Document number

5. (a) CARLOS J TOME  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8715 BELLE RIVER BLVD APT. 4001 JACKSONVILLE, FL 32256

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8715 BELLE RIVER BLVD APT. 4001

JACKSONVILLE, FL 32256

- (b) JOARES MOURA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

JACKSONVILLE, FL 32256

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

CARLOS J. TOME

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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TALLAHASSEE, FL 32314  
JAN CARLOS TOME