## 118000 210 239

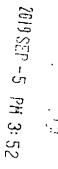
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		1			

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SURI	Nesbitt /	Auto Transport LLC				
GUM	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registere	d Agent/Registered Offi	ce Change	and fee(s) are submitted for f	iling.	
Please	return all corresp	oondence concerning thi	s matter to	the following:		
Rash	ad T. Nesbitt					
		Name of Person	<del></del>			
Nesb	itt Auto Transp	oort LLC				
		Firm/Company				
3980	W Broward Bl	vd Apt 108	·			
	1814	Address				
Fort l	_auderdale, FL	. 33312				
	Cit	y/State and Zip Code		<del></del>		
Nesb	ittautotranspor	t@gmail.com				
F	E-mail address: (1	o be used for future annu	ual report n	otification)		
For fu	rther information	concerning this matter,	please call:			
Rash	ad Nesbitt		786	376-5037		
	Name c	f Person	(	Area Code & Daytime	lelephone Number	
	STREET/COU Registration Security of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations g Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

**☑** \$25 Filing Fee

## 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)	3980 W Broward Blvd Apt 108	(b)	(b) 3980 W Broward Blvd Apt 108	
~. (u)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Fort Lauderdale, FL 33312	<u>F</u>	Fort Lauderdale, FL 33312	
	09/04/2018	L.	18000210239	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Rashad T. Nesbitt			
(.,)	Registered Agent and Registered Office shown on the reco	ords of the Florida D	ept, of State;	
	Rashad, T Nesbitt		2	
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)	2019 STP	
	3980 W Broward Blvd Apt 108		S:	
	Fort Lauderdale	<sub>E1</sub> 33312	5	
		_, rt,		
(b)	Rashad T. Nesbitt		<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office addre	<u></u>	
	Rashad T. Nesbitt			
	NEW Registered Office Address:		<del></del>	
	3980 W Broward Blvd Apt 108			
	Fort Lauderdale	_, FL		
he cha igent v vas/we he arti R. N	mited liability company is not organized under tange or changes are made, the Florida street addressed identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of the members of a member or authorized representative of a member	ess of the registe ted liability com bers of the limite of the limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
I herel provisi he obli o mere	ov accept the appointment as registered agent an	nd agree to act in plete performan ovided for in Che ess, I hereby conf	this capacity. I further agree to comply with the ce of mv duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	

R. Nesto H.
Signature of Registered Agent