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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
		_
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
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NOV 13 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations						
Dave's Airport Shuttle Service L	LC					
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	g this matter to the f	following:				
David A Young						
Name of Person		_				
Dave's Airport Shuttle Service LLC						
Firm/Company		_				
800 NW Fork Rd. Apt. 8-12						
. Address		_				
Stuart Fl. 34994						
City/State and Zip Cod	le	_				
davey604@comcast.net						
E-mail address: (to be used for future	annual report notific	cation)				
For further information concerning this mat	tter, please call:					
David Young	772 at (486-4659				
Name of Person		Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the follow	ing amount:					
■ \$25 Filing Fee	□ \$5	5 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. Na	ame of the limited liability company: David's Airport S	Shuttle S	ervice LLC			
2. (a)	800 NW Fork Rd. Apt. 8-12		(b) 800 NW Fork Rd. Apt. 8-12			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·		s of limited liability co BE POST OFFICE	
	Stuart FL 34994		Stuart,	FL. 34994		
	09/13/2018		L180021	17986L		
3.	Date of filing/registration in Florida	- 4.		Document n	number	
5. (a)	Cheyenne Moseley,Legal Zoom,com,INC					
J. (u)	Registered Agent and Registered Office shown on the records o United States Corporation Agents, Inc	f the Flori	da Dept, of	State:	20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 13302 Winding Oak Court A				2020 OCT	
	Tampa.	L 33617			+5 9640 97 608 14 5887	
(b)	David A Young Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	iddress:		PM 4: 35	
	David A Young					
	NEW Registered Office Address:					
	800 NW Fork Rd, Apt. 8-12					
	Stuart F	L ³⁴⁹⁹⁴				
change agent v was/we the arti Signal I herei provisi the obli to mega	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members cles of organization or the operating agreement of the tree of a member of authorized representative of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflective change in the registered office address. If it is writing of this change.	e registe iability of the li of the li c limited Da ree to an ed for in	red office company, mited liab liability of vid A You ct in this c mance of r Chanter	and the busines it is hereby confolity company of company. Printed or type capacity. I further duties, and L. 605, F.S. Or if	ss office of the reg firmed that the cha or as otherwise pro ed name of signee are agree to compl arm familiar with is this document is h	istered inge(s) vided in v with the ind accept
Signatu	re of Registered Agent					

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00