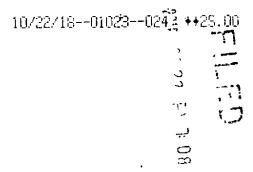
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COVER LETTER

Registration Section

TO:

Divi	ision of Corporations			
SUBJECT:	R & MM TRANSPORTATIO	N, LLC		
	Nan	ne of Limited Li	ability Company	
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registered Off	ice Change and	fec(s) are submitted for	r filing.
Please return	n all correspondence concerning th	is matter to the	following:	
OLSI MU	COLLARI			
	Name of Person			, ~;
R&MMT	RANSPORTATION, LLC			
	Firm/Company			, , , , , ,
146 RIAC	HUELO LN			
	Address		_	
ST AUGU	STINE, FL 32095			; ;
	City/State and Zip Code			
MUCOLL	ARIERIS@YAHOO.COM			
E-mail	i address: (to be used for future and	ual report notif	ication)	
For further i	information concerning this matter	, please call:		
OLSI MUC	COLLARI	586	9071737	
	Name of Person	#1 (Area Code & Daytim	e Telephone Number
Reg Div Clif 266	REET/COURIER ADDRESS: distration Section dision of Corporations from Building 1 Executive Center Circle dahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	4
Enc	closed is a check for the following	g amount:		
2 S	325 Filing Fee	□ \$5	55 Filing Fee & Certifie	d Copy
1NHS18 (2/1-	4)			

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.

Ni	ime of the limited liability company: R & MM TR	ANSPO	RTATION, LLC
(a)	146 RIACHUELO LN	(1	_{b)} 146 RIACHUELO LN
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compatients (Note: MAY BE POST OFFICE BOX
	ST AUGUSTINE, FL 32095	<u>-</u>	ST AUGUSTINE, FL 32095
	9/26/2018		L18000227967
(n)	Date of filing/registration in Florida OLSI MUCOLLARI	4.	Document number
(a)	Registered Agent and Registered Office shown on the records of 146 RIACHUELO LN	of the Florid	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	्र प्र <u>क्ष</u> इत्र
	ST AUGUSTINE	32095	<u> </u>
(b)	OLSI MUCOLLARI	1.4557	
	Enter name of NEW Registered Agent and/or NEW Register	ea Onice ac	adress:
	146 RIACHUELO LN		
	NEW Registered Office Address:		

Signature of a member or authorized representative of a member

Printed or typed name of signee

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. Mucollan

Signature of Registered Agent