## L19 0000 185 40

(Requestor's Name)						
(Address)						
<b>,</b>						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Serial de						
Special Instructions to Filing Officer:						
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2021 HAR 18 AN 7: 48

D. BRUCE MAY 19 2021

## COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	DBR TRANSPORTATION, LLC:						
	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclos	ed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning the	nis matter to the	e following:				
DAVID DI	ΑZ						
	Name of Person						
DBR TRAN	RSPORTATION, LLC	•					
	Firm/Company						
1825 NW C	ORPORATE BLVD, SUITE 110						
	Address						
BOCA RA	TON, FL 33431						
	City/State and Zip Code		<del></del>	, , ,,,	207		
dbrtranspor	tation(a,gmail.com			AL.	<u> </u>		
E-ma	il address: (to be used for future an	nual report not	fication)		2021 HAR 18		
For further	information concerning this matter	r, please call:					
DAVID DE	ΑZ	561 at (	662-9327	11. 11.6 11.5	AH 7: 4		
	Name of Person		Area Code & Daytime Telep	ohone Number	<del>β</del>		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303				
Eo	closed is a check for the following	g amount:					
2	\$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.

l.	Na	me of the limited liability company:	TATIO:	N	L.L.C				
2.	(a)		_ (1	bi					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			,\	dailing address of limite One: MAY BE POS			
		1825 NW CORPORATE BLVD, SUITE 110			1825 NW C	CORPORATE BLVD			
		BOCA RATON, FL 33431	- BOCA RA			TON, FL 33431			
		BOCA RATON, PL 33431	-		- DOCA KA	1000.112.20.424			
		01/16/2019		ı	,190000185	540			
3.		Date of filing/registration in Florida	4.			Document number			
5.	(a)						•		
•	14-7	Registered Agent and Registered Office shown on the records of the	ie Florid	la 1	Pept, of State	:		35	
		DIAZ, DAVID		<u> </u>	2021 MAR				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					<u></u>	<b>3</b>	- 1
		5329 OAKMONT VILLAGE CIR					٠		
		LAKE WORTH , FL	33463					••	
(b					<del> </del>		 1	AM 7: 40	المب
	(h)						<u> </u>	:: ::-	
	,-,	Enter name of NEW Registered Agent and/or NEW Registered (	Office ac	ddı	'ess:	•	: = :	တ	
		NEW Danie rarai (Wilson Addray)							
		NEW Registered Office Address:  1825 NW CORPORATE BLVD, SUITE 110							
		1823 NW CORFORATE BEVIA SOTTE 100							
		BOCA RATON FL_	33431						
							, u	1	
II i	the li ange	imited liability company is not organized under the law or changes are made, the Florida street address of the r	s of the register	e S red	tate of Fio office and	rida, it is nereby co I the business offici	ontumed e of the	i that ai registei	red
ag	ent v	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	oility co	on	ipany, it is	hereby confirmed	that the	change	(s)
the	arti	cles of organization or the operating agreement of the h	imited	lia	bility com	pany.	ici w isc	provide	.u m
	$\mathcal{D}$	avid Dias	Dav	vid	Diaz				
	Signa	avid Diaz				Printed or typed name	of signee		
//	ierci	by accept the appointment as registered agent and agre	e to ac	Ti	a this capa	ecity. I further agre	e to cou	nply wi	th the
the	ovisi	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha	for in (	Ch	apier 605	F.S. Or, if this do	cument	is being	filed
to no	mere tifiec	Ay reflect a change in the registered office address, I ho Fin writing of this change.	степу с	on	jirm inat i.	пелиника навину	сотрап	y nus D	сси
		Pavid Diaz re of Registered Agont							
Si	gnatu	re of Registered Agont							