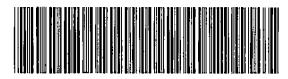
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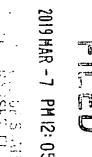
(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ddress)	·				
(0)	huistata (Zin/Dhana	. 40				
(CI	ty/State/Zip/Phone	÷ #)				
PICK-UP	WAIT	MAIL				
(Bu	isiness Entity Nan	ne)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					

Office Use Only



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U3/U//19--U101/--U31 ++55.00



C. GOLDEN MAR 1 8 2019

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Long Haul Transport Servic	es	
	Nan	ne of Limited Lial	oility Company
Dear Si	r or Madam:		
The enc	losed Registered Agent/Registered Off	Toe Change and fe	ee(s) are submitted for filing.
Please r	return all correspondence concerning th	is matter to the fe	llowing:
Ozge .	Ardic		
	Name of Person		
Long I	Haul Transport LLC		
	Firm/Company		_
983 C	hapeltown Cir N		
	Address		
Jackso	onville, Ft 32225		
	City/State and Zip Code		-
E-	mail address: (to be used for future and	nual report notific	ation)
For furt	her information concerning this matter	, please call:	
Erhan	Ardic	904	401-0028
	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	Reg Divi P O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	S25 Filing Fee	D \$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.

1. Na	ame of the limited liability company: LONG HAUL TR	ANSPORT SEF	RVICES, LLC				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)					
	983 Chapeltown Cir N	98	983 Chapeltown Cir N				
	Jacksonville, FL 32225	Ja	cksonville, FL 322	ıville, FL 32225			
	02/02/2019	L19	0000039400				
3.	Date of filing/registration in Florida	4.	Document nu	ımber		 	
5. (a)							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:				
	Erhan Ardic						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	983 Chapeltown Cir N						
	Jacksonville, FI	32223			20		
(b)	Ozge Ardic				2019 MAR - 7	٠=	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	t Office address			70 I	- U	
	Ozge Ardic			- ABAUSTE,		1	
	NEW Registered Office Address:			[™t]. Trit	PM 12:		
	983 Chapeltown Cir N			L 7.	80		
	Jacksonville E	32225					
the cha agent was/w was/w the art Signa I here provis the ob- to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the nurse of a member or authorized representative of a member oby accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the registered office address, I d in writing of this change.	f the registere iability compared the limited limited liability Erhan	ed office and the busi any, it is hereby conf liability company or lity company. Ardic Printed or type	ness office irmed that as otherwi	of the the cha se prov	registered nge(s) vided in	

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