(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status Special Instructions to Filing Officer:	04, 18, 1901005003 **25.00
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#### COVER LETTER

**TO:** Registration Section Division of Corporations

# GNC TRANSPORTING LLC SUBJECT:

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 this matter to the following:

### LORENA TROMPETA

Name of Person

Firm/Company

27941 SW 132ND CT

Address

HOMESTEAD, FL 33032

City/State and Zip Code

## gnctrasnporting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☑ \$25 Filing Fee

□ \$55 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.

2. (a)	me of the limited liability company: GNC TRANS				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(		Hailing address of limited liability company:           (Note: MAY BE POST OFFICE BOX)	
	27941 SW 132ND CT		27941 SN	W 132ND CT	
	HOMESTEAD, FL 33032 02/08/2019		HOMESTEAD, FL 33032		
					3.
5. (a)	GORDECH COLINA, LUIS A				
,	Registered Agent and Registered Office shown on the records o GORDECH COLINA, LUIS A	the Florida	Dept. of State:	:	
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 5770 NW 113 TERR	<u>ADDRESS</u>	2		
(0)	HIALEAH F	33012		2818	
	LORENA TROMPETA BASULTO			FT I LEE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:		
	LORENA TROMPETA BASULTO				
	NEW Registered Office Address:				
	27941 SW 132ND CT			j	
	HOMESTEAD	33032			
he cha igent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida fimited for a pupporized by an affirmative vote of the members clearly organization or the operating agreement of the	f the reginability economic of the lim	stered office ompany, it is lited liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in	
-	W.	LO		OMPETA BASULTO	
	fir for a member or authorized representative of a member by accept the appointment as registered agent and ag			Printed or typed name of signee	

Thereby 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 mere weather of the registered office address. Thereby confirm that the limited liability company has been notified by writing of this change.

Signature of Registered Agent

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