1190000 70330

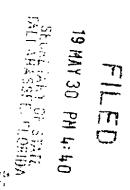
| (Requestor's Name) | | | | | | | | |
|---|-------------------|-----------|--|--|--|--|--|--|
| (Ad | ldress) | | | | | | | |
| (Ad | dress) | | | | | | | |
| | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | | |
| (Bu | siness Entity Nam | ne) | | | | | | |
| (Do | cument Number) | | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | |
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JUH 17 2019 TECKROEDER

COVER LETTER

INHS18 (2/14)

| TO: Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|
| SUBJECT: 52 TRANS PORT 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: | | | | | |
| ROGER ANDREU Name of Person | | | | | |
| 52 TRANSPORT, LLC Firm/Company | | | | | |
| 12170 LAKEHOUSE LN Address | | | | | |
| PARKLAND, FL 33076 City/State and Zip Code | | | | | |
| <u>roger 52 transport @ anail. com</u> E-mail address: (to be used for future animal report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| ROGER ANDREU at (954) 540-1458 Name of Person Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | | | | | |
| Registration Section Registration Section | | | | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | | | | |
| 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee | | | | | |

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.

| I. Na | me of the limited liability company: 52 Tr | RAN | SPO | RT, LLC | , | |
|----------------------------------|--|---|--|---|--|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | 76 LAKE Mailing address of hi (Note: MAY BE I | nited liability | company: |
| | Pembroke Pines, FL. 33025 | | PARK | LAND F | L 33 | 076_ |
| 3. | March-12 - 2019 Date of filing/registration in Florida | <u> </u> | L1 | 190007 | | <u> </u> |
| | ROGER ANDREU Registered Agent and Registered Office shown on the records of the | · | Pept. of State | | | |
| | 8303 SOUTH PALM DRIVE Registered Office Address (MUST BE FLORIDA STREET AD | | 422 | | | |
| | PIEMBROXIE PINES .FL | 3303 | 2.5 | - , | 360 360 360 | |
| (h) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Or</u> | ffice addr | <u>ess</u> : | - 2 | MY 30 | <u> </u> |
| | 12170 LAKE ItOUSE L NEW Registered Office Address: | ANE | | | PM 4: 40 | O |
| | PARKLAND FL | 33 <i>0</i> | 76 | - V.3. | | |
| the cha agent w was/we | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab- are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line | ne registe ility con the limit mited lia | ered office apany, it is ed liability ibility com | e and the busines s hereby confirm y company or as apany. | s office of t ed that the o otherwise p | he registered change(s) |
| Signar | gue of a member or authorized representative of a member | <i>K</i> | OLER | Printed or typed na | ine of signee | |
| provision the obli to mere | oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- igations of my position as registered agent as provided f by reflect a change in the registered office address. I he i in writing of this change. | e to act in erformat for in Ch reby con | n this cape ice of my a papter 605 ifirm that i | acity. I further a duties, and I am i, F.S. Or, if this the limited liabil | gree to con familiar wit document i ity company | iply with the h and accept is being filed v has been |
| Signatur | e Kegistered Agent | | | | | |

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