## L1900000 88/59

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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SECRETARY OF STATE VLLAHASSEE, FLORID!

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## COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Port Canaveral Transit, LL	C		
SUBJI	Name of Limited	Liability Company		
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the	e following:		
	Michael Horan			
	Name of Person	<del></del>		
	Port Canaveral Transit, LLC			
	Firm/Company	<del></del>		
	770 Trinidad Ave SE			
	Address	<del></del>		
	Palm Bay, FL. 32909			
	City/State and Zip Code	<del></del>		
	mike@portcanaveraltransit.com			
E	-mail address: (to be used for future annual report not	ification)		
For fur	ther information concerning this matter, please call:			
Ŋ	Michael Horan at (_321	, 209-1804		
-	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount:			
	□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy			
INHS18	\$35.00 check was sent in wi	in the original request		

## 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. 1	Name of the limited liability company:Port Canaveral Transit, LLC					
2. (a)	770 Trinidad Ave SE	(b)	770 Trinidad	Ave SE		
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limited liability comments		inited liability company: POST OFFICE BOX)		
	Palm Bay, FL. 32909		Palm Bay, FL	. 32909		
		<del></del>				
	04/01/2019		L19000088	159		
3.	Date of filing/registration in Florida	4.	Document numb			
5. (a)	UNITED STATES CORPORATION AGENTS					
	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT	he Florida Dept.	of State:			
	Registered Office Address (MUST BE FLORIDA STREET A	<del></del>	~~ ~~			
	SUITE A SUITE A					
	TAMPA	33612	<del></del>	HAY -		
(b) _	Michael Horan			SEE.		
	Enter name of NEW Registered Agent and/or NEW Registered (	·	AH IO: C			
	770 Trinidad Ave SE			: 39 XIE RID,		
	NEW Registered Office Address:		<del></del>			
	Palm Bay .FL_	32909	<del></del>			
agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization of the operating agreement of the limited liab.	egistered offic illity company the limited lia mited liability	te and the business off, it is hereby confirme bility company or as o company.	ice of the registered		
Signat	re of a member or authorized representative of a member	Micha	ael Horan			
l hereb provisió he oblig o merei potified	y accept the appointment as registered agent and agree as of all statutes relative to the proper and complete positions of my position as registered agent as provided by reflect a change in the registeral agent as provided in writing of this change.  of Registered Agent	e to act in this erformance of for in Chapter reby confirm t	Printed or typed nar capacity. I further as my duties, and I am fo 605, F.S. Or, if this o that the limited liabilit			