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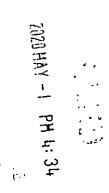
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AU-O Flow Transpor	rtation LLC
Name of Emmed En	ability 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 f	ollowing:
Michael Smith Name of Person	_
Auto Flow Transportation Firm/Company	
1761 (oral AUE Address	_
North Autorolati Fl. 33066 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Millie Smith at 954 Name of Person) 5 4 C - 7011 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 □ \$5	5 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.

1. Na	me of the limited liability company:	Mido Flow	. [Renspi	ortiotic.	م درد	
2 (a)	1761 COZALAVE		(b)	1761 d	oral A	Vi="	
2. (4)	Principal office address of limited liab	• •	· ,	Mail	ing address of lim	ited liability compa	-
	(<u>Note: MUST BE STREET AL</u>					OST OFFICE BOS / / /.	ע
	with Landerdale	<u> </u>				c'eratale	
	23866			FL 3	3668		
2	Afr. 1 2017 Date of filing/registration in	Florida 4		_11	00975 cument numbe		
3.	c: 1	4	•	100	camen namoc	.ı	
5. (a)	Registered Agent and Registered Office show		lorida Den	t_of State:			
	1	tran.		ii or maic.			
	Registered Office Address MUST BE FL	ORIDA STREET ADD	C , RESS) /				
			,	<75.5	anoven Dlvd	1	
	13302 Winding	Copper (Cot)	7211	5777 S	nte 36	202	
	Curte A TAMPA CI	finde .FL_	ان) (ک	1-321	22	2020 HAY	
(h)	raicheal Smith						
(1)	Enter name of NEW Registered Agent and/o	or NEW Registered Offi	ce address	<u></u>		. –	
	. 1/ 1					PH L: U	(1250) (435)
	1761 (Oral AV	/ jer					2
	NEW Registered Office Address:	2 151 61				i ₁₁ , -	•
	North iniderials	3506,0					
		, FL3	300	8_			
If the I	imited liability company is not organiz	zed under the laws o	f the Stat	e of Florid	a, it is hereby o	confirmed that a	ifter the
change	or changes are made, the Florida stree will be identical. Or, in the case of a F	et address of the regi lorida limited liabili	istered of ty compa	fice and the	e business offi reby confirmed	ice of the registed that the chang	ered e(s)
was/wo	ere authorized by an affirmative vote of cles of organization or the operating a	of the members of the	e limited	liability co	ompany or as o	otherwise provid	led in
the arti	cies of organization or the operating a	greement of the fam	ica naon	nty Compai	1 San 19	41.	
Signa	ture of a member or authorized representative of	ot a member		Pr	inted or typed nan	ne of signee	
I here provisi the oblito mere notified	by accept the appointment as registere ons of all statutes relative to the proper igations of my position as registered a ly reflect a change in the registered of in writing of this change.	id arout and arrest	a act in t	hic canacii	v. I further our	raa to comple u	rith the l accept ig filed been
Signatu	re of Registered Agent						