

LI 9000 123302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

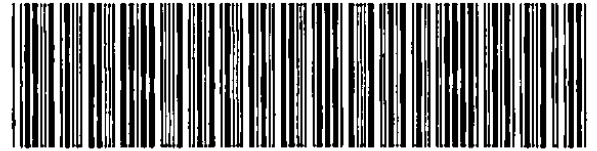
(Business Entity Name)

(Document Number)

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2019 JUL 12 PM 1:11  
STATE OF IDAHO  
CLERK OF COURT

JUL 15 2019  
M. SOLOMON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2019

JUANI T MOYA  
3667 VICTORIA MANOR DR.  
APT #A112  
LAKELAND, FL 33805

SUBJECT: CARITA TRANSPORT, LLC  
Ref. Number: L19000123302

We have received your document for CARITA TRANSPORT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 119A00012470

RECEIVED  
JUL 12 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CARITA TRANSPORT, LLC  
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:

JUANI T MOYA

Name of Person

CARITA TRANSPORT, LLC

Firm/Company

3667 VICTORIA MANOR DR. APT. # A112

Address

LAKELAND / FLORIDA 33805

City/State and Zip Code

JUTOM73@HOTMAIL.COM

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

For further information concerning this matter, please call:

JUANI T MOYA

Name of Person

at ( 848 )

250-3352

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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. Name of the limited liability company: CARITA TRANSPORT, LLC
2. (a) 3667 VICTORIA MANOR DR. APTO. #: A112  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
3667 VICTORIA MANOR DR. APTO. #: A112  
LAKELAND, FL 33805
- (b) \_\_\_\_\_  
Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)
3. 05/20/2019  
Date of filing/registration in Florida
4. L19000123302  
Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MOYA, JUANI T, SR.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3667 VICTORIA MANOR DR APTO. #: A112  
LAKELAND, FL 33805
- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
JUANI T MOYA  
NEW Registered Office Address:  
3667 VICTORIA MANOR DR APT. #: A112  
LAKELAND, FL 33805

2019 JUL 12 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Juan T. Moya  
Signature of a member or authorized representative of a member

JUANI T. MOYA  
Printed or typed name of signee

I hereby 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 merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Juan T. Moya  
Signature of Registered Agent