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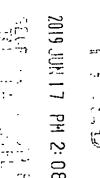


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R. WHITE
JUL 0.1 2019

COVER LETTER

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TO: Registration S Division of Co		
SUBJECT:		Acuto transport LLC of Limited Liability Company
Dear Sir or Madam:		
The enclosed Register	ed Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all corres	spondence concerning this m	natter to the following:
Just	Name of Person	
	Firm/Company	
13364 A Plantation	NW 19t street Address FL 333)	<u></u>
C	ity/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information	n concerning this matter, ple	ease call:
Ruben A	of Person	at (<u>954)</u> <u>248-0)00</u> Area Čode & Daytime Telephone Number
Registration Se Division of Co Clifton Buildin	orporations ng c Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida

ana.	0 1			
1. Name of the limited liability company:	n) Hulo-	Araispc	<u>r </u>	
2. (a) 8870 NW 36th Street (b)	1	i		
Principal office address of limited liability company:	Mailing address			
(Note: MUST BE STREET ADDRESS)	(Note: MAY	BE POST OFF	TCE BO	<u>X</u>)
MAU 24 19	L1900	00140	$\mathcal{C}(\mathcal{C})$	27
3. Date of filing/registration in Florida 4.	Document n	umber		(2
Pulso Dagar				
5. (a) FUNCY DCXCU Registered Agent and Registered Office shown on the records of the Florida Dept. of	of State:	<u>.</u>	1.018 10.1	
8870 NW 3GHN Street		- 1	<u>. </u>	ري
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				. ~ 1
			-1	: 1553 (
<u> </u>			PH 2: 0	5 5 c
1)cra1 .FL 3)17	8_	:	2: (1
Tuching Deser		;	07	
(b) JUSTIN MILET Enter name of NEW Registered Agent and/or NEW Registered Office address:				
Effect faithe of NEW Registered Agent allow NEW Registered Office address.				
NEW Registered Office Address:				
. FL				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
If the limited liability company is not organized under the laws of the State (the change or changes are made, the Florida street address of the registered (of Florida, it is her office and the bus	reby confirm iness office (ed that of the re	after giste
agent will be identical. Or, in the case of a Florida limited liability company	y, it is hereby conf	firmed that th	ie chan;	ge(s)
was/were/authorized by an affirmative vote of the members of the limited lia the articles of organization or the operating agreement of the limited liability		r as otnerwis	e provi	aed 1
174 Vans		CICU		
Signature of a member or authorized representative of a member		ed name of sign	cc	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit to merely reflected change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

edlu Ven