

L19000140676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

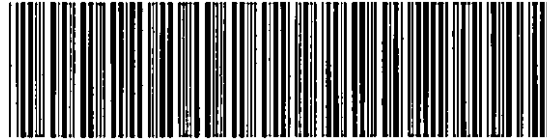
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400336041704

10/30/19--01009--005 **25.00

FILED

2019 OCT 30 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. S. S. S. S.

10/30/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

PURE 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:

MAULA YOUNG

Name of Person

Pure TRANSPORT

Firm/Company

4851 NW 26 CT #144

Address

LAUDERDALE LAKES FL 33313

City/State and Zip Code

PURE TRANSPORT1869MAIL.COM

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

For further information concerning this matter, please call:

CHAR Gayle

Name of Person

at (954) 709 0355

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 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. Name of the limited liability company: PURE TRANSPORT LLC.

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3691 SE 126TH PL
Belleview FL 34420

4851 NW 26 CT APT 144
LAUDERDALE LAKE FL 33313

5/24/2019

L19000140676

3. Date of filing/registration in Florida 4. Document number

5. (a) DERICK JORDINE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

520 NE 165th St.
North Miami Beach

(b) MAULA YOUNG
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
4851 NW 26 CT APT 144
LAUDERDALE LAKES FL 33313

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.

DERICK JORDINE
Signature of a member or authorized representative of a member

DERICK JORDINE
Printed or typed name of signer

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.

M. GORDON
Signature of Registered Agent

FILED
2019 OCT 23 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA