L19 000 144791

| (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: | | | | | |
| | | | | | |
| | | | | | |
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Office Use Only



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COVER LETTER

| | gistration Section vision of Corporations | • | • |
|------------------|---|--|---|
| SUBJECT | FRANGI TRANSPORTATION USA LLC | | |
| JOBSECT | | imited Liabil | ity Company |
| Dear Sir or | Madam: | | |
| The enclose | ed Registered Agent/Registered Office Cha | inge and fee(| s) are submitted for filing. |
| Please retur | m all correspondence concerning this matte | er to the follo | wing: |
| FRANCISC | O J MADRIGAL GUTTERREZ | | |
| | Name of Person | - · · · · · · · · · · · · · · · · · | |
| FRANGI TI | RANSPORTATION USA LLC | | |
| | Firm/Company | | |
| 6360 RODM | MAN STREET | | |
| | Address | | |
| HOLLYWO | OOD F1. 33023 | | |
| | City/State and Zip Code | | |
| - | gonroman@gmail.com | | |
| E-mai | il address: (to be used for future annual rep | ort notificati | on) |
| For further | information concerning this matter, please | call: | |
| Francisco J | Madrigal Gutierrez | 786 | 8570718 |
| | Name of Person | Á | rea Code & Daytime Telephone Number |
| Re Div P.C | ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | R D T 2 | Atreet Address: Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| En | closed is a check for the following amou | nt: | |
| | \$25 Filing Fee | □ \$55 F | iling Fee & Certified Copy |
| INHS18 (2/1 | (4) | | |

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.

| 2. (a) | | (b) |) |
|---------------------------------------|--|---|--|
| • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | , | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 325 NE 2nd Street Suite # 7 | | 325 NE 2nd Street Suite # 7 |
| | Hallandale Beach FL 33009-4323 | | Hallandale Beach FL 33009-4323 |
| | 5/28/2019 | I | L19000144791 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| . , | Registered Agent and Registered Office shown on the records | s of the Florida | Dept. of State: |
| | Jorge Brodsky | <u></u> | |
| | Registered Office Address (MUST BE FLORIDA STRE | <u>ET ADDRESS)</u> | |
| | 907 NE 7th Street # 1 | | |
| | Hallandale Beach | FL33009-85 | |
| | | | THE STATE OF THE S |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | red Office udd | SSON TO SERVICE STATE OF THE S |
| | Taket hank of the Wike Registered Agent and/or the Wike Sixe | ita Omet add | |
| | Francisco J Madrigal Gutierrez | | FE 189 |
| | NEW Registered Office Address: | | |
| | 6360 Rodman St | | |
| | Hollywood | FL_33023 | |
| hange igent v vas/we he arti | imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of the street of the street authorized. | the registered I liability corrs of the limithed limited limit | d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. |
| Sions | Trancisco J Ma ature of a member or authorized representative of a member | | Printed or typed name of signee |
| | by accept the appointment as registered agent and a | aaraa to aat | ,, , |

Signature of Registered Agent