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COVER LETTER

TO:	O: Registration Section Division of Corporations			
SUBJI				
	Name of Limited Liability Company			
Dear S	Sir or Madam:			
The en	aclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this m	atter to the following:		
Joey	L. Fuentes			
	Name of Person			
Jowie	e's Transport LLC			
	Firm/Company			
111 (Caribbean ST Apt 3			
	Address			
Delto	na, FL 32725			
<u> </u>	City/State and Zip Code			
jowies	stransport@gmail.com			
Е	-mail address: (to be used for future annual	report notification)		
For fur	ther information concerning this matter, plea	ase call:		
Joey I	L. Fuentes	386-479-3002		
	Name of Person	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		

INHS18 (2/14)

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	ame of the limited liability company: Jowie's Trans	port LLC	
2. (a)	111 Caribbean St Apt 3 Deltona, FL 32725	(b) 111 (Caribbean St Apt 3 Deltona, FL 32725
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	June 11, 2019	L1900	0153993
3.	Date of filing/registration in Florida Joey L. Fuentes	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dent. of	State:
	857 ANDERSON DR	inc i injudición com	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	2019 OCT 2
	Deltona , FL	32725	OCT 21 AP
(b)	Joey L. Fuentes		AH 9: 4
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<u> </u>
	111 Caribbean St Apt 3 L		
	NEW Registered Office Address:		
	Deltona , FL	32725	
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered o bility company, f the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Signat	up of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to mere	oy accept the appointment as registered agent and agro ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in this of performance of I for in Chapter tereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatur	re of Registered Agent		