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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_



## LLC REGISTERED AGENT CHANGE MC TRANSPORTATION SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Tc: 18506176383

## 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. Elocida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i.	Na	ine of the limited liabi	lity company: <u>MC</u>	TRANSPORT	ATION SERVI	CE LLC			
2. (a)		•	tress of limited hability	hability company:			Mailing address of limited hability company:  (Note: MAY BE POST OFFICE BOX)		
3.		02/04/2020	/registration in Flor			00041801 Document n	umber		
	(a)	NOEL, CHRISTOPHER	•						
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State  7901 4th St NSTE 300  Registered Office Address							
		st petersburg		I <sup>2</sup> l	33702				
d)	(h)	Registered Agents Inc Enter name of NEW Regis 7901 4th St N			Office address:	<del></del>			
		NEW Registered Office A	ddress						
		STE 300		· · · · · · · ·		<del></del>			
		St. Petersburg		FL_	33702				
the age wa	: cha ant v s/wc	nge or changes are mad vill be identical Or, in	le, the Florida stree the case of a Floric irmative vote of the	t address of t la limited hal : members of	he registered oility compan the limited li	office and the busi y, it is hereby conf iability company or	reby confirmed that after ness office of the registered frimed that the change(s) as otherwise provided in		
<u>_</u>	ignat	are of a member or authoriz	ed representative of a m	ember	Robin Jone	Printed or type	rd name of signee		
]] pre the	ierel ovisi obli mere	w accept the annountm	ent as registered ag ive to the proper an as registered agent he registered office ige.	ent and age	e to act in the serformance of for in Chapta ereby confirm	is connected I finally	er agree to comply with the am familiar with and accept this document is being filed ability company has been		
		e of Registered Agent	David Work!?	- Maaiatant aet	ore rar à				