

L2C 0000 625 97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

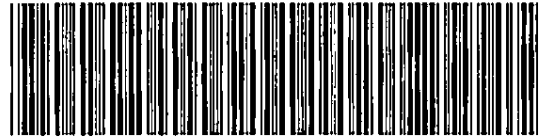
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2021

PATRICK ONYANCHA
PM TRANSIT LLC
18996 PORTOFINO DRIVE
TAMPA, FL 33647

SUBJECT: PM TRANSIT LLC
Ref. Number: L20000062597

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 421A00003392

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PM TRANSIT 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:

PATRICK ONYANCHIA
Name of Person

PM TRANSIT LLC
Firm/Company

18996 PORTOFINO DRIVE
Address

TAMPA FL 33647
City/State and Zip Code

PATRICKMARORO@PMTRANSITLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK ONYANCHIA at (717) 215 8176
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: PM TRANSIT LLC
2. (a) 18996 PORTOFINO DR
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
TAMPA
FLORIDA 33647
- (b) 18996 PORTOFINO DR
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
TAMPA
FLORIDA 33647
3. 25/02/2020
Date of filing/registration in Florida
4. L20000062597
Document number
5. (a) RESIGNED
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. Semoran Blvd. Suite 3b
Orlando, FL 32822
- (b) PATRICK M. ONTANCHA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
18996 PORTOFINO DRIVE
NEW Registered Office Address:
TAMPA, FL 33647

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.

Meyab
Signature of a member or authorized representative of a member

PATRICK ONTANCHA
Printed or typed name of signee

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.

Meyab
Signature of Registered Agent