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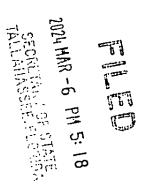
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## **COVER LETTER**

TO: Registration Section Division of Corporations					
UBJECT: DEPARTMENT OF TRANSPORTATION AUTHORITY FILINGS LLC  Name of Limited Liability Company					
tvan	ne of Elitheed Elaothey Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	ris matter to the following:				
Kevin Prouty					
Name of Person					
The Real Accounting Co.					
Firm/Company					
10122 Pointview Court					
Address					
Orlando, FL 32836					
City/State and Zip Code					
kevin@therealaccountingco.com					
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:				
Kevin Prouty	at ( 603 ) 790-3424				
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	g amount:				
<b>△</b> \$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. Na	ame of the limited liability company:	OF TRANS	PORTATIO	ON AUTHORITY FILINGS LLC	
2. (a)	13750 WEST COLONIAL DR	(b)	(b) 13750 WEST COLONIAL DR		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	()		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	350-334		350-334		
	WINTER GARDEN, FL 34787	<del></del>	WINTER	GARDEN, FL 34787	
	. 06/15/2020	ı	.20000165	5650	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	DIMITROVA, DENITSA				
J. (Δ)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	ite:	
	13750 WEST COLONIAL DR				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)		_	
	350-334			7 20	
	WINTER GARDEN , I	L_34787		FILLARAS	
(b)	REGISTERED AGENTS INC			R-6	
((/)	Enter name of NEW Registered Agent and/or NEW Register	ed Office add	ress:		
	7901 4TH SR N			PH 5: 18	
	NEW Registered Office Address:			— — — — — — — — — — — — — — — — — — —	
	STE 300		<del>-</del> .	_	
	ST. PETERSBURG	33702 L		_	
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co s of the lim ne limited li	tered office nearly, it ted liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.	
	Durtrus	DEN	TSA DIMI		
-	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, of in writing of this change.	te nertorm	mce of m	v duties, and Lam familiar with and accet	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

- Assistant Secretary

**David Roberts** 

Signature of Registered Agent