

Division of Corporations

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To:			
	Division of Corporations		7
	Fax Number : (850)617-6383	統위	P
From:	T T CORPORATION CVETEN	[편65] 그렇	PH 4:
	Account Name : C T CORPORATION SYSTEM	:	S
	Account Number : FCA00000023	[F]	
	Phone : (514)280-3338		

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

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LLC REGISTERED AGENT CHANGE **EQUIPMENT TRANSPORT LLC**

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& 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. N	ame of the limited hability cor	npany: Equipment Trans	post LLC	
2. (a)	3811 SW 47FH AVE STE 629	DAVIE, FL 33314	(b)	
2. (,	Principal office address of I (Note: MUST BE ST	· ·		Mailing address of limited liability company: (Nate: MAYBE POST OFFICE ROX)
	08/05/2020		L2000023	5710
3. 5. (a	RODRIGHEZ FOWARD	ration in Florida	4.	Document number
ν. <u>(</u> α	Registered Agent and Registered O 1001 NW 72ND STREET MD		the Florida Dept of St	157 mg
	Registered Office Address (MU	ST BE FLORIDA STREET	ADDRESS)	OF STAIL
			33150	- 51 - 51
(b)	CT Corporation System			
, ,	Enter name of NEW Registered A	gent and/or <u>NEW Registers</u>	d Office address	
	NEW Registered Office Address.			
	1200 South Pine Island Road		-	_
	Plantation	, F	1. 33324	_
		こししゃい オル さぎょみあた タオガチのここ か	11 1110 <i>111</i> 111 111 111 111 111 111 111 111	Florida, it is hereby confirmed that after ice and the business office of the registered, is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
Cion	ature of a richiber or authorized repri	esparative of a member	- Ichinici ixara	Printed or typed name of signee
I hero provi the of to me	eby accept the appointment as sions of all statutes relative to ologations of my position as re- rely reflect a change in the res ed in writing of this change.		gree to act in this co e performance of m ed for in Chapter 6 hereby confirm the	ipacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed it the limited liability company has been
By:	T Corporation System	Alfre	d Younan	
Signa	tureful Registered Agent	Assistar	nt Secreta	ry
	Division	of Corporations • P.O. FILING	-Box 6327● Tallab FEE: \$25.00	288ec, F1. 32314