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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TRANSPORTATION TO GO 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:					
Sierra King Name of Person	_				
TRANSPORTATION TO GO LLC Firm/Company	_				
662 WREN OR Address	_				
Cassel berry, FL 32707 City/State and Zip Code	_				
King Sierra 5226 gm zil. (Om E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sierra King at (470 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				

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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	me of the limited liability company:	ORTA-	ATION TO GO LLC
2	(a)	662 WREN DR	(b)	b) PO BOX 91571
	(ω) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Casselberry, FL 32707	_	East Point, GA 30364
			-	, , , , , , , , , , , , , , , , , , ,
		4-1-2024		LZ000025910D
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Sierra King		
	•	Registered Agent and Registered Office shown on the records of th	ie Florida I	a Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	ស
		662 WREN DR		~
		Casselberry, FL	32-	 Γο τ
				· ÷
	(b)	Dierra King		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	idress:
				<u>=</u>
		NEW Registered Office Address:	· · ·	
		662 WREN DR		
		THE WALL OF		
		Casselberry, FL	32	.707
If t	he li	mited liability company is not organized under the laws	s of the S	State of Florida, it is berely confirmed that after the
cha age wa:	inge int w s/we	or changes are made, the Florida street address of the reill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistered oility con the limit	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
		Dierre Kny		Sierra Ling Printed or typed name of signee
		ure of a member or authorized representative of a member		9
I h pro the to r not	ereb visio obli nere ified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act it erforman for in Ch ereby con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sig	natur	of Registered Agent		

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