## LZ0000297024

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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## COVER LETTER \*

TO: Registration Section

INHS18 (2/14)

Division of Corporations	April 1								
3UD4F4.1.	LUXURIOUS TRANSPORT SERVICE LLC								
Name of Li	Name of Limited Liability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.								
Please return all correspondence concerning this matt	er to the following:								
LOVETTE DOBSON									
Name of Person									
INCFILE.COM LLC									
Firm/Company									
17350 STATE HWY 249 STE 220									
Address									
HOUSTON, TX 77064									
City/State and Zip Code									
EFILE1234@INCFILE.COM									
E-mail address: (to be used for future annual rep	port notification)								
For further information concerning this matter, please	e call:								
LOVETTE DOBSONat (	462-3453								
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 amou	int:								
■ \$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.

Floride	1.						
1. Na	ame of the limited liability company:LUX	URIOUS	TRAN	SPORT S	ERVICE LLC		
2. (a)		_	(t	o)			
z. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	eany:	1		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	5607 LEGACY CRESCENT PL UNIT 202			5607 LEG	BACY CRESCEN	IT PL UNIT	202
	RIVERVIEW, FL 33578			RIVERVII	EW, FL 33578		
	09/21/2020			L2000029			
3.	Date of filing/registration in Florida		4.		Document number	er l	
5. (a)	KEVIN SAMUEL				<b></b>		
, ( <del></del> )	Registered Agent and Registered Office shown on the re	ecords of the	Florid	a Dept. of State	e:	ļ	
	5607 LEGACY CRESCENT PL				_		
	Registered Office Address (MUST BE FLORIDA S	TREET AD	DRES	<u>2)</u>			
	UNIT 202	<u> </u>			_		
	RIVERVIEW	FL 3	3578			731	
		,	_		-		
(b)	SERENITY WAITERS				_	디	
(0)	Enter name of NEW Registered Agent and/or NEW R	egistered O	ffice ac	<u>ldress</u> :		ा	
						2021 FEB-16 - Kin-3-3	· ·
	5607 LEGACY CRESCENT PL				_	ر [	<u>ت</u> ت
	NEW Registered Office Address:					·	صَّ
	UNIT 202			<del></del>	_		
	RIVERVIEW	E1 3	33578				
		<del></del>			_	1	i
the chagent	limited liability company is not organized under ange or changes are made, the Florida street ad will be identical. Or, in the case of a Florida literer authorized by an affirmative vote of the medicles of organization or the operating agreement	idress of the imited liab embers of	ne reg oility c the lir imited	ompany, it inited liability cor	is hereby confirme ty company or as ompany.	ed that the ch	ange(s)
	deun Sanuel		KE	VIN SAMU	Printed or typed nar	me of signee	<u> </u>
I here provis the obto mer notifie	autre of a member or authorized representative of a member by accept the appointment as registered agent rions of all statutes relative to the proper and colligations of my position as registered agent as rely reflect a change in the registered office add in writing of this change.		e to ac erforn for in ereby c	et in this cap nance of mv Chapter 60 confirm that	agaita I farthar a	araa to comr	ly with the 'and accep being filed has been

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