L20 000340314

(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:						



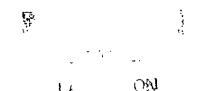


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COVER LETTER

TO:

Registration Section

Division of Corporations	
V.N.L. TRANSPORT LLC SUBJECT:	
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
ROMULO MONTERO	
Name of Person	
RM TAX & ACCOUNTING SVCS LLC	
Firm/Company	
P O BOX 830503	
Address	<u></u>
OCAL, FL 34483	
City/State and Zip Code	
rmontero@rmtaxservices.com	
E-mail address: (to be used for future annual report not	fication)
For further information concerning this matter, please call:	
LAZARO MORALES RODRIGUEZ 352	266-0347
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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: V.N.L. TRANSP	ORT LLO			
2.	(a)	14 WALNUT RUN OCALA, FL 34480	(t	(b) 14 WALNUT RUN OCALA, FL 34480		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited (Note: MAY BE POST	
3.		OCTOBER 27, 2020 Date of filing/registration in Florida	 	L200003403	14 Document number	
5	(a)	LAZARO MORALES RODRIGUEZ				
5. (a	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 14 WALNUT RUN OCALA, FL 34480 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- :: -	
		· 14 WALNUT RUN			•	202
		OCALA FI	34480			2021 SEP
ብ	(b)				·	7 20 ZP 20
(-)		Enter name of NEW Registered Agent and/or NEW Registered	d Office ac	dress:		
		LAZARO MORALES RODRIGUEZ			_	8: 02
		NEW Registered Office Address:				
		48 DOGWOOD DRIVE PASS		_	_	
		OCALA , FI	34472 L		_	
cha age wa	ingo ent v s/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members included of organization or the operating agreement of the	register ability co of the lin limited	ed office and ompany, it is nited liability	of the business office of the business of the	of the registered hat the change(s)
— <u>s</u>	igna	ture of a member or authorized representative of a member			Printed or typed name o	f signee
pro the to	obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide left reflect a change in the registered office address, I d in writing of this change.	ree to ac perform ed for in (hereby c	t in this cape ance of my c Chapter 605 onfirm that i	acity. I further agree duties, and I am jami , F.S. Or, if this doci the limited liability co	to comply with the liar with and accept ument is being filed ompany has been
<u> </u>	mati	ore of Registered Agent				