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Ö

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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.

I. Nar	ne of the limited liability company: LA GALI	ERY	TRANS	PORȚ LLC	
	4102 12TH AVE S	(b)	4102 12T	TH AVE S	
:. (u) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailir	ng address of limited liability company: ME: MAY BE POST OFFICE BOX)	
	ST. PETERSBURG, FL 33711		ST. PETER	SBURG, FL 33711	
1	02/10/21	L	.21000070	128	
3.	Date of filing/registration in Florida	4.	Doc	cument number	
5. (a)	GILBERTO R GONZALEZ				
). (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:		
	4102 12TH AVE S				
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)			
	ST. PETERSBURG, F	33711			
(b)	Registered Agents Inc.			· 53 2	
(0)	Enter name of NEW Registered Agent and/or NEW Registers	ed Office add	ress:	JUL 15	
	7901 4th St N			TILED	
	NEW Registered Office Address:		****		
	STE 300			27.5	
	St. Petersburg	_L33702		M G OS	
the cha agent w was/we the arti- Signat I herel provisi the obli- to mere	mited 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 are authorized by an affirmative vote of the members clear of organization or the operating agreement of the united and an authorized representative of a member by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing igations of my position as registered agent as provided the reflect a change in the registered office address. It is spriting of this change.	liability cost of the limited for in Control limited l	mpany, it is he ned liability ec ability compai y Park Pri in this capacit ince of my duta Thanter 605 F	reby confirmed that the change(s) ompany or as otherwise provided in my. mied or typed name of signee y. I further agree to comply with the less, and I am familiar with and accept S. Or if this document is being filed	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent