L21000176951

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(Address)		
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(City/State/Zip/Phone #)		
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: J&D family transpor	tertion LLC jability 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:		
Jessica (exames Name of Person			
Tx D Family transportation LCC Firm/Company			
2973 SW Giralda st Address			
Port. St Lucie FL 34963 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (646) 704-8892 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		
Enclosed is a check for the following amount:			
□ \$25 Filing Fee	5 Filing Fee & Certified Conv		

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 NL	ame of the limited liability company:	Tarana latina luc
		Manspa tarnon LL
2. (a)	7973 SW Girakla st Portst Wale FL(b)	
	Principal office address of limited liability company: 3년(53 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		CM. MILDETOST OFFICE BOSS
		.21000176951
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Danaury Talkras	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	tate.
	1351 Sw Aachen st	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	202 Si Si Si
		SECRETALIANA
	70.1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Dort st Lucie , FL 34953	_ SSE
/ L .)	Jessica Cardones	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	AM 9: 35
		25 35
	2973 SW Giralda st	
	NEW Registered Office Address:	_
	Port St Lucie. FL	
		-
		
If the li	mited liability company is not organized under the laws of the State of F or changes are made, the Florida street address of the registered office a	lorida, it is hereby confirmed that after the
agent w	fill be identical. Or, in the case of a Florida limited liability company, it	is hereby confirmed that the change(s)
was/wa	re authorized by an affirmative vote of the members of the limited liabil cles of organization or the operating agreement of the limited liability of	ity company or as otherwise provided in
Signati	esse ca Condones Jessi ure of a member Jessi	Printed or typed name of signee
I hereb	w accent the annointment as registered agent and agree to got in this or	main I forther amount of the total
the obli	gastions of all statutes relative to the proper and complete performance of migrations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address. I hereby confirm that the proper of this diagram.	e duties, and I am familiar with and accept 15. F.S. Or, if this document is being filed
w mere notified	n reflect a change in the registered office address. I hereby confirm tha fin writing of this Giange.	t the limited liability company has been
/	Jessica (ordones	
Signatur	e of Registered Agent	

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