## 121000314112

(Req	uestor's Name)						
(Add	ress)						
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(City/State/Zip/Phone #)							
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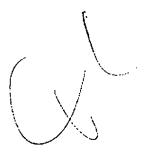
Office Use Only



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## COVER LETTER

Division of Corporations	
SUBJECT: ACCENT LIMOUSINE TRANSPO	ORT SERVICES LLC
	imited 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	ter to the following:
Melissa Jones	
Name of Person	~>
ZenBusiness Inc.	022 J
Firm/Company	
336 E. College Ave. Suite 301	2022 JUL 11 AM 8: 57
Address	8
Tallahassee, FL 32301	07
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Melissa Jones at (	844 493-6249
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
Enclosed is a check for the following amou	unt:
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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: ACCENT LIN	MOUS	SINE TRA	ANSPORT SE	ERVIC	CES LLC
		4411 BEE RIDGE RD	<sub>(b)</sub> 4411 BEE RIDGE RD				
2. (	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)				
		SARASOTA, FL 34233		SARA	SOTA, FL	342	33
		,	_				
			_				
		05/10/2021		L21000	0217412		
3.		Date of filing/registration in Florida	4.	,	Document numbe	<u>-</u>	
<b>S</b> .	(e)	Registered Agents Inc.					
J.	(4)	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State	- <b>č</b> :		
		7901 4th St N		•			
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRES		-		
	CTT 100						2
		St. Petersburg	33702		- :-	TOF ZZA	Š
		, FL			- -		
(	ъ)	ZenBusiness Inc			3. 0		<u></u>
Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		336 E. College Ave.			,	8: 57	
		NEW Registered Office Address:			-		
		Suite 301					
				· · · · · · · · · · · · · · · · · · ·	-		
		Tallahassee FL 3	32301				
					-		
If the	ie li nee	mited liability company is not organized under the laws or changes are made, the Florida street address of the r	s of the	State of Flored	rida, it is hereby (	confirme	ed that after the
age	ot v	rill be identical. Or, in the case of a Florida limited liab	ility co	ompany, it is	hereby confirmed	d that th	e change(s)
was the	/we arti	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the un mited l	nted nability	/ company or as o pany.	therwise	e provided in
		Christopher D Poindexter			r D Poindext	er	
Si	gnat	ure of a member or authorized representative of a member		<u>.</u>	Printed or typed nam		ic .
nou		by accept the appointment as registered agent and agree ons of all stanties relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change.	e to act erform for in C ereby co	in this capa ance of my d Chapter 605, onfirm that t	icity. I further ag hities, and I am fo F.S. Or, if this d he limited liability	ree to co imiliar v locumen y compa	omply with the vith and accept it is being filed my has been
Sign	ıahı	e of Registered Agent					