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SECRETARY OF STATE

FEB 1 1 2027.

## COVER LETTER

Division of Corporations
SUBJECT: Padgett Mortuan Transport LLC Name of Limited Liability 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:
Tevesa Gilmove Silmons Name of Person
Padgett Morthary Trainsport LLC
3105 Handton St.
Palatka, Fl 32177 City/State and Zip Code
Dad at the Novi ture annual report notification)  City/State and Zip Code  Dad at the Novi ture annual report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOVOSA C. Padatt at (110), 617-5438  Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee2415 N. Monroe Street, Suite \$10

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

TO: Registration Section

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

## 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.

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1. Name of the	e limited fiability company: DC	Idaett	Moxtuare	I Iransport LLC
2. (a) 3/C	5 Handon S		(b) PO BO	x lelels
Pr	incipal office address of limited liability of			ess of limited liability company:
$\cap$ $\Box$	(Note: MUST BE STREET ADDRE	<u>SS</u> )	(Note: M.	(Y BE POST OFFICE BOX)
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<u> </u>	Date of filing/registration in Flori		Documen	t number
5. (a) TOY	osa Gilmora.	) mm	7h5 "	
	I Agent and Registered Office shown on t	he records of the Flori	da Dept. of State:	
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<u>آ</u> الآث	211(111/101)	) ( · · · · · · · · · · · · · · · · · ·		
Registere	d Office Address (MUST BE FLORII	<u>DA STREET ADDRE:</u>	<u>5.57</u>	
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$_{(b)}$ $ Q $	USA GIMON	e rua	9844	AA 30 F
	ne of NEW Registered Agent and/or NEV	W Registered Office.	iddress:	
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NEW Re	gistered Office Address:	<del>V</del>		PH 2: 16 YOF STATE
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7	LC-2\-  \-(^		<del></del>	
If the limited lia	ibility company is not organized u	nder the laws of th	e State of Florida, it is i	hereby confirmed that after the
change or chang	ges are made, the Florida street addentical. Or, in the case of a Florid	fress of the registe a limited liability (	red office and the busir company it is hereby co	ness office of the registered
was/were author	rized by an affirmative vote of the	members of the li	mited liability company	or as otherwise provided in
the articles of or	rganization or the operating agrees	nent of the limited	Jiability company	1 D. 1 11
1111	land		101000 01	MOY I PAGARY+
Signature of a m	ember of authorized representative of a m	ember	Printed or t	yped name of signee
I hereby accept	the appointment as registered ag	ent and agree to a	et in this capacity. I fur	ther agree to comply with the
provisions of all the obligations	l statutes relative to the proper an	a complete perjort as provided for in	nance of my aunes, and Chapter 605 F.S. Or	if this document is being filed
THE SHALL STATE OF THE STATE OF	oj my position as registereu agent		O	
to merely reflec	of my position as registered agent i a change in the registered office no offinis change if	address, I hereby	confirm that the limited	Tiability company has been
to merely reflect norfied in writi	if a change in the registered office ng of this change.	address, I héreby	confirm that the limited	Tiability company has been
to merely reflect nortical in writi Signature of Regis	ng of this change.	address, I héreby (	confirm that the limited	Tiability company has been

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