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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

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NOV 1 7 202

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. N	ame of the limited liability company: FIFIY S	YDNE	YSTRA	NSPOR	I LLC	
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ng address of limite ote: <u>MAY BE POS</u>		
	07/26/2021	 	21000338	3276		
3.	Date of filing/registration in Florida	4.	Do	cument number		
5. (a	KELLER, SYDNEY A					
(u	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 851 NE 1ST AVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		Dept. of State:		SECRETARY	77
	UNIT 2701				N	ن ن دورون دورون
		. 33132			ARY HAS	. (T
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	d Office add	'ess:		ASSEE, FL	-
	St. Petersburg	_{I.} 33702				
the chagent was/w the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist liability con of the limi e limited li	ered office an upany, it is ho ted liability co	d the business of reby confirmed ompany or as oth	office of the re that the chang	gistered (e(s)
Sign	ature of a member or authorized representative of a member			nted or typed name	of signee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I her provi the ob to me notify	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and completed by the proper and completed in the registered agent as provided in the registered office address, lead in spriting of this change. Bill Havre - Assistanter of Registered Agent	e performa led for in C I hereby co	nce of my authapter 605, F. nfirm that the	y. I further agr ies, and I am far S. Or, if this de limited liability	ee to comply v niliar with an ocument is bei company has	with the Laccept ng filed been