

L21000366624



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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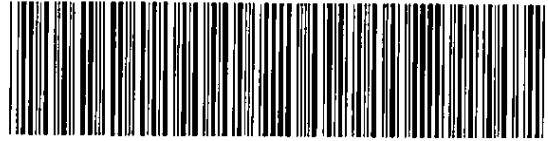
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FL

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. Name of the limited liability company: THE HEAVENS TRANSPORTATION LLC
2. (a) 11582 SW VILLAGE PARKWAY UNIT #205
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
PORT ST LUCIE, FL 34987
- (b) 11582 SW VILLAGE PARKWAY UNIT #205
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
PORT ST LUCIE, FL 34987
3. 08/16/2021 Date of filing/registration in Florida
4. L21000366624 Document number
5. (a) Mosilme, Nwens
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1565 SW Underwood Ave, Port St Lucie, FL 34953
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1565 SW Underwood Ave
Port St Lucie, FL 34953
- (b) PHILOCIANE Moise
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
PHILOCIANE CONSULTING
NEW Registered Office Address:
11582 SW VILLAGE PARKWAY UNIT #205
Port St Lucie, FL 34987

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TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nwens Mosilme
Signature of a member or authorized representative of a member

Nwens Mosilme
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Philociane Moise
Signature of Registered Agent