L22000077517

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/	Phone #)					
PICK-UP WA	IT MAIL					
(Business Enti	ty Name)					
(Document Number)						
Certified Copies Certi	ficates of Status					
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O SIMMONS
MAR 21 2022

	COVER LETTER					
	egistration Section Division of Corporations		•			
SUBJEC	T. Gat Transport LLC					
SCEGEC	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	osed Registered Agent/Registered Off	īce Change a	and fee(s) are submitted for filing.			
Please ret	turn all correspondence concerning th	is matter to t	the following:			
George	Toomey					
	Name of Person	•				
Gat Trai	nsport LLC					
	Firm/Company					
821 SW	Blue Stem Way					
	Address					
Stuart, F	FI 34997					
	City/State and Zip Code		······································			
Gat911	@gmail.com					
E-m	nail address: (to be used for future ann	nual report n	otification)			
For furthe	er information concerning this matter.	please call:				
George	Toomey	at (401	, 480-7880			
	Name of Person	u. (Area Code & Daytime Telephone Number			
s	TREET/COURIER ADDRESS:		MAILING ADDRESS:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	lifton Building		P.O. Box 6327			
	661 Executive Center Circle		Tallahassee, Florida 32314			
1	allahassee, Florida 32301					
E	inclosed is a check for the following	amount:				
ī	\$25 Filing Fee		\$55 Filing Fee & Certified Copy			

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

				
(h)			
("	/	Mailing address of lim	ited liability OST OFFICE	y company: CE BOX)
	821 SW	Blue Stem Wa	y	
	Stuart, F	34997		
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4.		Document number	er e	
of the Florida	Dept. of State	: :		
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of the regis liability coss of the limited l Geo agree to act the performated for in C I hereby co	stered office ompany, it is ited liability iability com orge Toom in this cape ance of my of Chapter 605 onfirm that	and the business hereby confirmed company or as of apany. Printed or typed nanucity. I further against am Julies, and I am Julies. Or, if this of the limited liability.	office of d that the otherwise me of signee to containing week.	the registered change(s) provided in mply with the ith and accept
	4. of the Florida TADDRESS FL 32301 red Office address of the regis liability cos of the limited l	Stuart, F L2200007 4. of the Florida Dept. of State TADDRESS FL 32301 red Office address: FL address: FL address: George Toom George Toom agree to act in this capate the performance of my added for in Chapter 605 I hereby confirm that it	821 SW Blue Stem Wa Stuart, Fl 34997 L22000077517 4. Document number of the Florida Dept. of State: TADDRESS) FL 32301 red Office address: Table 1 State of Florida, it is hereby of the registered office and the business liability company, it is hereby confirmes of the limited liability company or as of the limited liability company. George Toomey Printed or typed name agree to act in this capacity. I further agree performance of my duties, and I am fed the performance of my duties. Or, if this of I hereby confirm that the limited liability that th	Stuart, FI 34997 L22000077517 4. Document number of the Florida Dept. of State: TADDRESS) FIL 32301 Fil 34997 FIL aws of the State of Florida, it is hereby confirmed of the registered office and the business office of liability company, it is hereby confirmed that the soft the limited liability company or as otherwise he limited liability company. George Toomey Printed or typed name of signee agree to act in this capacity. I further agree to code performance of my duties, and I am familiar we died for in Chapter 605, F.S. Or, if this document I hereby confirm that the limited liability company. D. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00