## L2200013714Z

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone	#)					
PICK-UP WAIT	MAIL					
(Business Entity Name	e)					
(Document Number)						
Certified Copies Certificates	of Status					
Special Instructions to Filing Officer:						
J. HORNE						
SEP 19 2022						

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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divis	ion of Corporations						
	LG FLORIDA TRANSPORTATION , LLC						
Sommer.	Name of Limited Liability Company						
Dear Sir or M	ladam:						
The enclosed	Registered Agent/Registered Office Cha	ange ar	d fee(s) are submitted for filing.				
Please return	all correspondence concerning this matte	er to th	e following:				
LUIS C GONG	GORA						
	Name of Person		<del></del>				
LG FLORIDA	TRANSPORTATION , LLC						
	Firm/Company		<del></del>				
1180 SW 7TH	СТ						
	Address						
FLORIDA CIT	ΓY, FL 33034						
	City/State and Zip Code						
luis10171974@	_						
E-mail a	address: (to be used for future annual rep	ort not	ification)				
For further in	formation concerning this matter, please	call:					
LUIS C GONG	GORA at (	305	725-5865				
	Name of Person	-	Area Code & Daytime Telephone Number				
Regi Divis P.O.	stration Section sion of Corporations Box 6327 chassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Encl	osed is a check for the following amou	nt:					
€ \$2	5 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 Florida.

. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b	)N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/21/2022		1.220001371	42
	Date of filing/registration in Florida GONGORA, LUIS C, SR	4.		Document number
i. (a)	Registered Agent and Registered Office shown on the records of 1180 SW 7 CT Registered Office Address (MUST BE FLORIDA STREET)			- *
	FLORIDA CITY, FI	33034		2022
(b)	GONGORA, LUIS C			FII ED  SECRETARY OF TALLAHASSEE
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	ARY PARY P
	1180 SW 7 CT			
	NEW Registered Office Address:			
	FLORIDA CITY, FI	33034		-
:hange igent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere lability co of the lim	ed office and mpany, it is ited liability	d the business office of the registered the change(s) company or as otherwise provided in
	ture of a member or authorized representative of a member	LUI	S C GONGO	Printed or typed name of signee
l herei provisi he obl	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act performed for in C hereby co	in this capa ince of my a Thapter 605, onfirm that t	acity I further agree to comply with the