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To:		是 日
	Division of Corporations	SSE L
	Fax Number : (850)617-6383	
From:		£ .
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	<u> </u>
	Phone : (307)200-2803	18-16
	Fax Number : (813)436-5206	

w annual report mailings. Enter only one email address please.** हिंहिmail Address:

LLC REGISTERED AGENT CHANGE SLIPSTREAM AUTO TRANSPORT LLC

**Enter the email address for this business entity to be used for future

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K. SALY

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.	Na	me of the limited liability company: SLIPSTREAM	AUTO	<u> </u>	PORT LLC				
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _	Ŋ	Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)				
3.		Date of filing/registration in Florida			000451	7594			
٥,		, ,,			Document min	ioei			
5. (a)	(a)	UNITED STATES CORPORATION AGENTS							
		Registered Agent and Registered Office shown on the records of the	ie Florida De	ept. of State	:				
		476 RIVERSIDE AVE.							
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			. ~			
						AL SE			
		JACKSONVILLE , FL	32202			SECNE ANSSES FLORE	=		
(b)	b)	Registered Agents Inc				ASSEE ASSEE	~~~		
		Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	<u>ss</u> :		FLO	F 110		
		7901 4th St N			8				
		NEW Registered Office Address:				₩,			
		STE 300							
		St. Petersburg . FL	33702						
the dagen was/ the a	chai it w we artic	mited liability company is not organized under the laws age or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of tles of organization or the operating agreement of the li	s of the Sta he register pility comp the limite	red office pany, it is d liability	and the busine hereby confirm company or as pany.	ss office of the ned that the ch s otherwise pro	e registered lange(s)		
<u>/ ()</u>	Signature of a member or authorized representative of a member				Robin Jones Printed or typed name of signee				
I he prov the c to m notif	reb isio bli ere lied	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. David Roberts - Assistant Secretary			• •	•	ly with the and accept being filed nas been		
Sign	alur	<u>ा ५५६ के कि David Hoberts - Assistant Secr</u> etary e की Registered Agent							