## Florida Department of State Division of Corporation

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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC REGISTERED AGENT CHANGE 2103 TRANSPORT SERVICES LLC

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## 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: 2103 Transport Se	ervices I	LC	
2. (a)	3409 Nottingham Ct Apt149			
(α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(v) <u></u>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Tampa,Florida (US)33614			
	10/26/2022 12:00:00 AM		1.22000460	186
3.	Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	te:		
	Registered Office Address (MUST BE FLORIDA STREET			
	Jacksonville, FI		202	
	Corporate Creations Network Inc.	2023 DEC		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office :	<u>ıddress</u> :	<b>6</b> €
	801 US Highway 1			
	NEW Registered Office Address:			1: 26
	North Palm Beach	33408		_
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	registe ability of of the li limited	red office ar company, it i mited liabilis l liability cor	id the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Sign	ature of a member or authorized representative of a member		mene w. cos	Printed or typed name of signee
I here provis the ob to mer	eby accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I	perfori d for in hereby	nance of my Chapter 60, confirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	Darrierie Gossin	an, Spe	eciai Secreti	ar y
Signat	ure of Registered Agent			