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H240000555183ABC/

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENTS INC.
 Account Number : I20090000081
 Phone : (307)200-2803
 Fax Number : (813)436-5206

Email	Address:					
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LLC REGISTERED AGENT CHANGE EMERALD WAY TRANSPORTATION LLC

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2/9/2024 06:11:02 PST - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fex: 8134365206

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. Na	nine of the limited liability company:	Transportation LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	12/06/22	L2200	0512691
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	VCORP SERVICES, LLC		
1447	Registered Agent and Registered Office shown on the record	of State.	
			20:
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>	ALC: TI ST
	1200 SOUTH PINE ISLAND ROAD		SEUDINA TALLAH
	PLANTATION	. FL ³³³²⁴	> 9
	Registered Agents Inc		Z4FEB-9 AM 10: 08 TALLAHASSEE FL
(b)	Enter name of NEW Registered Agent and/or NEW Regist	— F2 0	
	7901 4th St N	rn 🐷	
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	. FL	
the cha agent v was/we the art	imited liability company is not organized under the enge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the memberels of organization or the operating agreement of	e laws of the State is of the registered ed liability compan ers of the limited li the limited liabilit	of Florida, it is hereby confirmed that after office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Segna	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp ligations of my position as registered agent as pro- ely reflect a change in the registered office addres, d in writing of this change.	Lauree to act in thi	s capacity. I further agree to comply with the
<u> </u>	re of Registered Agent		