## 123000472722

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Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

Divisi	ion of Corporation	ons					
SUBJECT:	Bubu	70015	Name of Li	TRAY	SPOITEL bility Company	Uc	
		•	value of En	illited Bio.	<b>,</b> ,		
Dear Sir or M	ladam:						
The enclosed	Registered Ager	t/Registered	Office Cha	nge and fe	e(s) are submitt	ed for filing.	
Please return all correspondence concerning this matter to the following:							
	<b></b> •••••		O		_		
4101	mara s	PEVEZ			_		
	<b>F</b>	of Person  Company			_		
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L101 E-mail a	WWW. PE	DEL 68 o	annual rep	ort notific	ation)		
For further information concerning this matter, please call:							
Tions	Name of Pers		at (_	786	_) <u>705</u> '	9731 Daytime Telephone No	
Regi Divis P.O.	ling Address: stration Section sion of Corpora Box 6327 ahassee, FL 323	i itions			Street Addre Registration 9 Division of C The Centre o	ess: Section Corporations f Tallahassee troe Street, Suite 810	
Enclosed is a check for the following amount:							
<b>I</b> \$2	25 Filing Fee			□ \$55	Filing Fee & C	Certified Copy	

TO: Registration Section

## 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	ame of the limited liability company: BBU TOUS AND	TRANSPORTER 1/C
	1221	(
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	10/10/1002	1 22 0001121200
	10/13/2023	L23000472722
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Liomara Perez	_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	te:
	(6187 NW 167"	2
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	7023 I.OV
		3 70
	MIAMI LAILES FL 33016	() (22) () (22)
(b)	Julio RAMIREZ	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	19
	6187 Nw 1635	_
	NEW Registered Office Address:	
	Man \ 2304	_
	MIAM: LAUS, FL 33016	_
change agent v was/we	imited liability company is not organized under the laws of the State of Fleor changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability company.	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 603 ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	duties, and I am familiar with and accept

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00