

L24000117371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

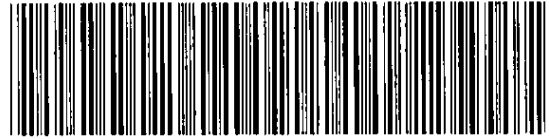
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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FILED
2024 AUG 12 AM 11:46
JULY 17 2024
JULY 17 2024

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SUBJECT: RELIABLE SHUTTLE SOLUTIONS LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

242 ORCHARD ST APT 4

PORT ORANGE, FL., 32127

CONTACT@RELIABLESLLC.COM

For further information concerning this matter, please call:

786

at ()

Area Code & Daytime Telephone Number

Street Address:

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

■ \$25 Filing Fee

INHS18 (2/14)

**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. Name of the limited liability company: RELIABLE SHUTTLE SOLUTIONS LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

242 ORCHARD ST, APT 4,

PORT ORANGE, FL 32127

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

242 ORCHARD ST, APT 4,

PORT ORANGE, FL 32127

03/07/2024

1.24000117371

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ELKIN SERRANO

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10513 LEADER LN

ORLANDO, FL 32825

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

GINA CARDOZO

NEW Registered Office Address:

242 ORCHARD ST, APT 4

PORT ORANGE, FL 32127

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

GINA KAREN CARDOZO OLARTE

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

FILED
2024 AUG 12 AM 11:46
TALLAHASSEE, FL
STATE
CLERK OF COURT