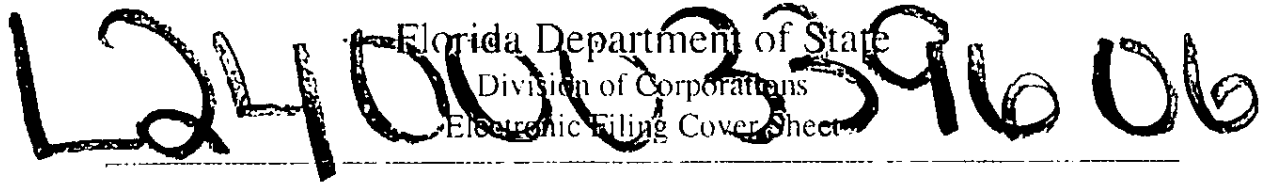


12/4/24 8:40 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000399059 3)))



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To:

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

From:

Account Name : INCFILE.COM LLC
Account Number : I20220000070
Phone : (888)462-3453
Fax Number : (877)919-2613

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: efile1234@incfile.com

LLC REGISTERED AGENT CHANGE TRANS CON LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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COVER LETTER

(((H24000399059 3)))

TO: Registration Section
Division of Corporations

SUBJECT: TRANS CON LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

efile1234@incfile.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (888) 462-3453
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H24000399059 3)))

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: TRANS CON LLC
2. (a) 1150 NW 72ND AVE TOWER 1 STE 455 #17419
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
MIAMI, FL 33126
- (b) 1150 NW 72ND AVE TOWER 1 STE 455 #17419
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
MIAMI, FL 33126
3. 08/01/2024
Date of filing/registration in Florida
4. 1.24000339606
Document number
5. (a) REPUBLIC REGISTERED AGENT LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1150 NW 72ND AVE TOWER 1
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STE 455
MIAMI FL 33126
- (b) Matthew Johnson
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
2104 Wesley Ct.
NEW Registered Office Address:
Tallahassee FL 32303

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.

Matthew Johnson
Signature of a member or authorized representative of a member

Matthew Johnson
Printed or typed name of signer

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.

Matthew Johnson
Signature of Registered Agent

(((H24000399059 3)))

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