

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.

(((H23000408168 3)))



H230004081683ABC%

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:	
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## LLC REGISTERED AGENT CHANGE INTER-RAIL TRANSPORT OF TAMPA, LLC

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



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MON 30 SOS3 K. Brumbley

## H23000408168 3

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	Inter-Rail Transport of Tampa	, LLC	
SUDG		Name of Limited L	iability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the	following:
Lori V	/halen		
	Name of Person	<u></u>	
Regist	ered Agent Solutions, Inc.		
	Firm/Company		_
Согро	rate Center One, 5301 Southwest Pkwy, 5	Ste 400	
	Address		_
Austin	. TX 78735		
	City/State and Zip Cod	le	_
	E-mail address: (to be used for future rther information concerning this mat	•	ication)
Lori W	/halen	888	705-7274
	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

O 11/29/2023 11:59 AM

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

→ 18506176383

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.

2. (a)	7001 ANDERSON ROAD	(b)	115 LAV	VYERS RO	OW.			
r. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing addr ( <u>Note: M</u>	ess of limite 4 <i>Y BE POS</i>	-	•	•
	TAMPA, FL 33634	 	CENTRE	EVILLE, MI	D 21617			
	8/14/2003	M	<b>/</b> 0300000	2733				
3.	Date of filing/registration in Florida	4.		Documen	t number			
5. (a)	TRAC - THE REGISTERED AGENT COMPANY							
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida l	Dept. of Stat	e:				
	Registered Office Address (MUST BE FLORIDA STREET)  236 E.6th Avenue	IDDRESS)		<u>.</u>				
	Tallahassee	32303					2	
(b)	Registered Agent Solutions, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	-		; - ; - ; -	2023 NOV 21	<u>=</u> >
	2894 Remington Green Ln.						9 PM	ijŌ
	NEW Registered Office Address:			_			Ü	
	Ste. A			_			0.5	
	Tallahassee, FL	32308		_				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility cor f the limi	l office an npany, it i ted liabilit	d the busir s hereby co y company	ness office onfirmed t	of the i hat the	register change	ed (s)
/s/	Jaclyn Wright	Jacly	n Wright		Autho	rized F	<sup>2</sup> ersor	1
	ture of a member or authorized representative of a member			Printed or 1	yped name (	of signee		
provisi the obl to mer	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act i performa I for in Ci iereby coi	n this cap ace of my hapter 602 afirm that	acity. I fur duties, and i, F.S. Or, the limited	ther agree I I am Jam if this doc I liability c	e to com iliar wit cument i compan	iply with and e is being v has b	th the accept filed en

Mackenzie Hibler, Asst. Secretary

Signature of Registered Agent