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Office Use Only



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ACCOUNT NO. : I2000000195

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: August 17, 2012

ORDER TIME: 8:53 AM

ORDER NO. : 317067-028

CUSTOMER NO: 7320965

CHANGE OF AGENT

NAME: CARIBTRANS AGENCY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: CARIBTRANS	S AGENCY, LLC		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 5 East 11th Street Rivera Beach, FL 33404		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
06/0	9/2009	M09000002189		
3. Da	ate 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:			
	Registered Agent: CT Corporation System			
	Registered Office Address:	1200 South Pine Island Road Plantation FL 33324		
•			音音 	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				• 1
	NEW Registered Agent:	Corporation Service Company	Transfer La	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		. }
(MUST BE PLORIDA STREET ADDRESS)		Tallahassee ,,i	L 32301	
that a office hereb liabili	limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by ty company or as otherwise provided in the articles of d liability company. Maure Catley	address of the registered office se of a Florida limited liability of an affirmative vote of the men	and the bucompany, in the of the	isiness t is e limited
(Signat	ure of a member or authorized representative of a member)	-		
(Printe	een Cathell, Authorized Person d or typed name of signee)	•		
I here compl am fa F.S. (confir	eby accept the appointment as registered agent and as ly with the provisions of all statules relative to the pro miliar with and accept the obligations of my position of Or, if this document is being filed to merely reflect a c m that the limited liability company has been notified	gree to act in this capacity. I fur per and complete performance of as registered agent as provided hange in the registered office at in writing of this change.	ther agree of my dutie for in Chap idress, I he	to es, and I pter 608, ereby
By:	y ldnix-5 arout			
(Signat	nure of Registered Agent) Corporation Service Company			
Grac	ee E. Kirby, AVP Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314		

FILING FEE: \$25.00