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S. HAWKES

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Coast Courier and Logistics
Name of Limited Liability Company LLC

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:

John Cavanaugh / East Coast Courier
Name of Person

14476-102 Duval Place
Firm/Company West

Address

Jacksonville FL
City/State and Zip Code

32218-
eccourier53@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cavanaugh at (860) 268-1652
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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

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. Name of the limited liability company: East Coast Courier And

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

LOGISTICS LLC
14476-102 Duval Place
Jacksonville FL
32218

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

16 Windermere Ave
Urbana IL
61801-0000

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:

Registered Agent:

Les Carroll

Registered Office Address:

2541 NW 9th St
Coronado FL
32006

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

NEW Registered Agent:

~~Les Carroll~~ John
Cavanagh

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

4269 S. Semoran
Unit 16 Bldg
Orlando FL
FL 32822

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.

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 608, 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

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