

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.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

 Address:			

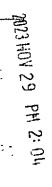
LLC REGISTERED AGENT CHANGE INTER-RAIL TRANSPORT OF JACKSONVILLE, LLC

Certificate of Status	0
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K. Brumble)



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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	Inter-Rail Transport of Jacksonville	e, LLC	
SOBULCI.		e of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning this	s matter to th	ne following:
Lori Whaler	1		
	Name of Person		
Registered A	agent Solutions, Inc.		
	Firm/Company	····	
Corporate C	enter One, 5301 Southwest Pkwy, Ste 4	00	
	Address		
Austin, TX	78735		
	City/State and Zip Code		
E-mai	l address: (to be used for future annu	ual report no	tification)
For further	information concerning this matter,	please call:	
Lori Whaler	n	888 at (705-7274
	Name of Person		Area Code & Daytime Telephone Number
Rep Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	amount:	
a :	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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.

NEW Registered Office Address: Ste. A Tallahassee FL 32308 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. Jaclyn Wright Signature of a member or authorized representative of a member Printed or typed name of signee Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the	1. N	lame of the limited liability company: Inter-Rail Trans	port of .	lacksonville	e, LLC	
Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) SUITE 3 CENTERVILLE, MD 21617 7/13/2015 M15000005467 3. Date of filing/registration in Florida 4. Document number TRAC-THE REGISTERED AGENT COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent Solutions, Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 2894 Remington Green Ln. NEW Registered Office Address: Ste. A Tallahassee 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 add the business office of the registered agent will be identical. Or, in the case of a Florida imited 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Age Jaclyn Wright Jaclyn Wright Jaclyn Wright Authorized Person Printed or typed name of signee Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all standars relative to the proper and complete performance of my duties. and I am familiar with and acc	2. (a)	115 LAWYERS ROW	1	h) 115 LAV	AWYERS ROW	
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