## P14000043899

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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SELNEIARY OF SIATE ONVISION OF CORPORATIONS

C. LEVAIS JUN 2 6 2014 EXAMMER

## COVER LETTER

TO:

Amendme it Section Division of Corporations

ET'S GO TRANSPORT INC

Name of Corporation

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling Please return all correspondence concerning this matter to the following:

MANTILLA

Name of Contact Person

LETS' GO TRANSPORT INC

Firm/Company

2967 NE 39TH PL

**OCALA**, FL 34479

City/State and Zip Code

LETSGOTRANSPORT@YAHOO.COM

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

For further information concerning this matter, please call:

Ecclosed is a \$35,00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations

P.O. Box 63276 (1) 1998.

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ovisions of sections 607,9502, 6 ge is submitted for a corporation o change its registered office of	n orga <mark>ni</mark> zed under	the laws of the State	of Florion	
	corporation: Lefo	•			
	Tice address: 29				
	dress (if different)				
4. Oate of incorpo	nuron/qualification: 5-13	5-2014 Doc	uinent number: <u>F</u>	140000438	790
	treet address of the current regionent of State: (If resigned, enter		egistered office on fi	le with the	
					<u>.</u>
	3100 SE 160		7	4.	- :
	SUMMERFIELD	, FL 34491	<u></u>		
6. The name and s (if changed):	freet address of the new registe			d office	P
-	COALA PO	NE 391 F1 341 Pox NOTecorpable	479		26
The street address as changed will be	s of its registered office and the	e stroet address of	Tthe business office	of its registered agent	i,
Such change was	authorized by resolution duly beard, or the corporation has	adopted by its boa	ard of directors or by	y an officer so	
	o an other or director			Percipente	
anem ar a lais	he appointment as registered a comply with the provisions of ny duties, and I am familiar wit document is being filed merel ant the corporation has been in	gent and agree to all statutes relati th and accept the v to reflect a char	act in this capacity ve to the proper and obligation of my pos- we in the registered	; complete sition as registered	
	(Nex		06-11-201	4	
९- <b>यु</b> न	iture of Registered Agent		Pale		
Efficiency on being the second of the second	all) of an entity:  UAULUA  vad or Profiled Name				
,	* * * FIL	ING FEE: \$35.00	) * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TABLADASSEE, FL 32314