## L16000 177225

(Requestor's Name)				
(Address)				
(Address)				
(Addless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Littly Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
<u> </u>				

1.

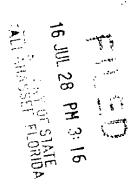
Office Use Only



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JUL 29 2016 N. CAUSSEAUX

## COVER LETTER,

TO:

Registration Section

Di	vision of Corporations				
SUBJECT	24 AMERICAN TRUC	K LLC			
SUBJECT	Name of Limited Liability Company				
Dear Sir o	r Madam:				
The enclos	sed Registered Agent/Registered Office Ch	ange and fe	ee(s) are submitted for filing.		
Please retu	arn all correspondence concerning this matt	ter to the fo	llowing:		
	ALBA E VIVAR				
	Name of Person		-		
MIA	MI DISPATCH & CARRIER SERVIO	CES			
	Firm/Company		-		
	80450 NW 95TH ST STE 106				
	Address		-		
ŀ	HALEAH GARDENS, FL 33016				
	City/State and Zip Code		-		
E-ma	ail address: (to be used for future annual re	port notifica	ation)		
For further	r information concerning this matter, please	e call:			
ALBA E	VIVAR at (	305	822-0255		
	Name of Person		Area Code & Daytime Telephone Numbe		
Re Di Cl 26	rretr/courier address: egistration Section ivision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301	Regi Divis P.O.	stration Section sion of Corporations Box 6327 shassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>4</b>	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/	<b>714)</b>				

## 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.

1. Na	ame of the limited liability company: 24 AMERICA	N TRU	CK LLC
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5 JUNIPER PASS PL		5 JUNIPER PASS PL
	OCALA, FL 34480	<del></del>	OCALA, FL 34480
	07/14/2016		L16000133225
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of RODOLFO MERCHAN URQUIOLA  Registered Office Address (MUST BE FLORIDA STREET A 545 SILVER COURSE CT  OCALA , FL	the Florida  ADDRESS	Dept. of State:
	OCALA , FL	34480	
signa I here proviss the oblito mer. notified	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in a first of the proper and complete ligations of this change.	ws of the the regis ability co of the lim limited I	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.  DOLFO MERCHAN URQUIOLA  Printed or typed name of signce