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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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5	*Enter the email address for this business entity to be used for future	
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	annual report mailings. Enter only one email address please.**	
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## LLC REGISTERED AGENT CHANGE BELLATRIX TRUCKING, LLC

Certificate of Status	0
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M. SOLOMON

MAY 2 2 2023

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## 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

2. (a)		(	b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	d liability c	ompany:	
	4030 Wake Forest Road STE 349		4030 Wak	e Forest Road STE 349	)		
	Raleigh NC 27609		Raleigh NC 27609				
	02/23/23		L230000985	534			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	RIERA-BADIA, VENDREDIE						
-, (,	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Star	e			
	1014 ARDMORE RD						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>	_			
					- · ;,	202:	
	WEST PALM BEACH FI	33401		<u> </u>	: :: :::::::::::::::::::::::::::::::::	2023 HAY 19	
(b)	orthwest Registered Agent LLC			_	HARY OF STA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:		_ (v) _ (i)	<u>=</u> '	
	7901 4th St N				21. 22.	AH 11: 30	
	NEW Registered Office Address:						
	STE 300			_			
	St. Petersburg . FI.	33702		_			
the cha agent v	mited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	the regability c	istered offic ompany, it i	e and the business off s hereby confirmed th	fice of the	e registered lange(s)	
	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the				rwise pro	ovided in	
	100 Smith	Nat	Smith				
Signat	ure of a member or authorized representative of a member			Printed or typed name o	f signee		
provisi	oy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide Ty reflect a change in the registered office address, I	perforn	nance of my	duties, and I am fami	iliar with	and accept	