

P190000 135104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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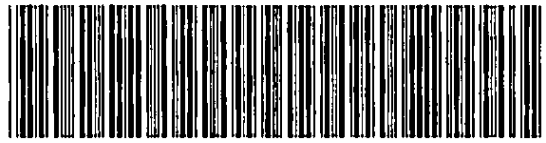
(Business Entity Name)

(Document Number)

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2019 MAR 14 A 10 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 25 2019  
T. LEMIEUX

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: LTL Hub Corp  
Name of Corporation

DOCUMENT NUMBER: P19000013564

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

Brian K. Mathis  
Name of Contact Person

Mathis Law Group  
Firm/Company

515 E. Las Olas Blvd., Suite 120  
Address

Ft. Lauderdale, FL 33301  
City/State and Zip Code

admin@mathislawgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Densford at ( 954 ) 616-4404  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: LTL Hub Corp
2. The principal office address: 8005 NW 80 St. Unit 1, Miami, FL 33166
3. The mailing address (if different):

4. Date of incorporation/qualification: 2/08/2019 Document number: P19000013564

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Luis D. Lopez
8005 NW 80 St., Unit 1
Miami, FL 33166

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Brian K. Mathis
515 E. Las Olas Blvd., Suite 120
P.O. Box NOT acceptable
Ft. Lauderdale, FL 33301

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Handwritten Signature]
Signature of an officer or director

Luis Lopez, President
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Handwritten Signature]
Signature of Registered Agent

3/01/2019
Date

If signing on behalf of an entity:
Luis Lopez
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*